

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ROME DIVISION

BECKY WISE and JAY WISE, as Surviving
Parents of LILY WISE,

Plaintiffs,

v.

STEVEN SPIVEY, M.D.; VALERIE
SMITH, CNM; HARBIN CLINIC, LLC;
REBECCA EVANS, CNM; and
CARTERSVILLE OB/GYN ASSOCIATES,
P.C.;

Defendants.

Civil Action File No.

JURY TRIAL REQUESTED

COMPLAINT FOR DAMAGES

BECKY WISE and JAY WISE, as Surviving Parents of LILY WISE, file this Complaint for Damages based on medical negligence, ordinary negligence, and a combination of both for the wrongful death and other damages allowed under law.

PARTIES, JURISDICTION AND VENUE

1.

Plaintiffs BECKY WISE and JAY WISE, as surviving parents of unborn LILY WISE are individuals and residents of the State of North Carolina and are entitled to bring an action based on the wrongful death of unborn LILY WISE due to the negligence of the Defendants.

2.

Defendant STEVEN SPIVEY, M.D., is a physician licensed to practice medicine in the State of Georgia and is subject to the jurisdiction and venue of this Court. Upon information and belief, this Defendant may be personally served with process at his place of business, located at

Harbin Clinic, LLC, located at 200 Gentilly Boulevard, Cartersville, Georgia 30120.

3.

Defendant VALERIE SMITH, CNM, is a professional midwife who provided medical care to Plaintiff BECKY WISE and her unborn child, LILY, and who, at all relevant times, was licensed to practice nursing and nurse-midwifery in the State of Georgia and is subject to the jurisdiction and venue of this Court. Upon information and belief, VALERIE SMITH, CNM may be served at her residence at 224 Wilshire Terrace, White, Georgia 30184.

4.

Upon information and belief, Defendant HARBIN CLINIC, LLC, is a limited-liability corporation registered to do business in the State of Georgia. Upon information and belief, Defendant HARBIN CLINIC may be served with process by and through its registered agent Thomas Diehl, located at 221 Technology Parkway, Rome, Georgia 30165.

5.

Defendant REBECCA EVANS, CNM, is a professional midwife who provided medical care to Plaintiff BECKY WISE and her unborn child, LILY, and who, at all relevant times, was licensed to practice nursing and nurse-midwifery in the State of Georgia and is subject to the jurisdiction and venue of this Court. Upon information and belief, REBECCA EVANS, CNM may be served at her residence at 3470 Pine Log Road NE, Rydal, Georgia 30171.

6.

Upon information and belief, Defendant CARTERSVILLE OB/GYN ASSOCIATES, P.C., is a professional services corporation registered to do business in the State of Georgia. Upon information and belief, Defendant CARTERSVILLE OB/GYN may be served with process by and through its registered agent Hugo E. Ribot, located at 858-A Joe Frank Harris Parkway, Suite 102,

Cartersville, Georgia 30120.

7.

Upon information and belief, STEVEN SPIVEY, M.D., was acting as an employee or agent of Defendant HARBIN CLINIC and, as such, was acting within the course and scope of his employment or agency.

8.

Upon information and belief, VALERIE SMITH, CNM., was acting as an employee or agent of Defendant HARBIN CLINIC and, as such, was acting within the course and scope of her employment or agency.

9.

Upon information and belief, REBECCA EVANS, CNM., was acting as an employee or agent of Defendant CARTERSVILLE OB/GYN and, as such, was acting within the course and scope of her employment or agency.

10.

Defendant HARBIN CLINIC is liable for the acts and omissions of its employees and agents, as set forth in more detail below, under the doctrine of respondent superior and other applicable theories of principal/agency law, including ostensible and/or apparent agency. In the alternative, Defendant HARBIN CLINIC is liable for the acts and omissions of employees and agents under the theory of partnership and/or joint venture liability.

11.

Defendant CARTERSVILLE OB/GYN is liable for the acts and omissions of its employees and agents, as set forth in more detail below, under the doctrine of respondent superior and other applicable theories of principal/agency law, including ostensible and/or apparent agency. In the

alternative, Defendant CARTERSVILLE OB/GYN is liable for the acts and omissions of employees and agents under the theory of partnership and/or joint venture liability.

12.

The amount in controversy exceeds \$75,000 and is between citizens of different States. This Court has subject matter jurisdiction over this case under 28 U.S.C. § 1332. Venue is proper under 28 U.S.C. §1402(b) as the tortious acts and omissions occurred in Bartow County in the Northern District of Georgia.

CLAIM FOR MEDICAL MALPRACTICE

13.

Plaintiffs incorporate and re-allege each and every allegation set forth in Paragraphs 1 through 12 as if fully set forth herein.

14.

BECKY WISE received prenatal care from Kimberly Millsap, CNM; Valerie Smith, CNM; Steven Spivey, M.D.; and the Harbin Clinic, LLC.

15.

She was 29 years old and pregnant with her first child.

16.

At 1017 hours on August 24, 2018, Ms. Wise is admitted to Cartersville Medical Center.

17.

She is at 39 weeks' gestation and having contractions.

18.

Ms. Wise states that she is not noticing the baby move as frequently since contractions have started.

19.

Her cervix is at 60% effacement and 1cm dilated. The baby is at -2 station.

20.

At 1100 hours, Ashley Allgood, RN, records a fetal heart rate baseline of 165 with moderate variability, no accelerations, and no decelerations.

21.

The strip at 1100 hours shows moderate variability and indicates that the baby is, at this point, oxygenating properly and is not metabolically acidemic. The strip indicates a baby who is neurologically intact.

22.

At 1107, the strip shows a normal baseline of about 160, with classic moderate variability, indicating a normal, oxygenating baby with a normal acid base status.

23.

At 1110, the strip shows an apparent gradual deceleration followed by a definitive late deceleration at approximately 1125, and a gradual appearing deceleration at 1128.

24.

At 1130 Nurse Allgood records a fetal heart baseline of 155 with moderate variability, accelerations of 10 x 10, and no decelerations.

25.

At 1141, the strip shows a definitive variable deceleration. Between 1132 and 1150, the strip shows late decelerations occurring with more than 50% of Ms. Wise's contractions.

26.

At 1154, Nurse Allgood records that the midwife, Valerie Smith, has been updated on patient's

status and that orders have been received and recorded.

27.

At 1158, Nurse Allgood records a fetal heart baseline of 160 with moderate variability, no accelerations, and late decelerations.

28.

At 1208, Ms. Wise is removed from her monitor to ambulate in the hallway.

29.

At 1304, Ms. Wise is placed back on the monitor. She has been off the strip for about an hour.

30.

At 1306, the strip shows a baseline of 160 with minimal variability. Between 1303 and 1351, the strip reveals persistent minimal variability overall with no accelerations.

31.

At 1318, Nurse Allgood records that the midwife, Valerie Smith, has been updated on patient's status and that a biophysical profile has been ordered.

32.

At 1319, according to the medical records, Steven Spivey, M.D., ordered an ultrasound for a biophysical profile due to decreased variability. It is unclear from the record what communication and/or collaboration exists between midwife Valeria Smith and Dr. Spivey.

33.

The strip shows a presumptive variable deceleration at 1321 and presumed decelerations at 1324, 1330, 1339, and 1343, which appear gradual in onset and are presumably late. Between 1314 and 1343, the strip shows late decelerations occurring with more than 50% of the contractions.

34.

At 1351, Nurse Allgood documents an ultrasound at bedside.

35.

From 1353 to 1417, Ms. Wise is off monitor.

36.

The tracings from 1423 to about 1513 are indeterminate. Ms. Wise is essentially not monitored for roughly an hour after her BPP.

37.

At 1435, the ultrasound results are reported. According to a comment in the record, the results were obtained at 1351 hours. The BPP is recorded as 6/8 due to lack of fetal tone.

38.

At 1435, Nurse Allgood records that the CNM (Smith) has been updated on patient's ultrasound and that Dr. Spivey would be contacted.

39.

At 1500 hours, the midwife (Smith) notes the biophysical profile of 6/10 and plans to induce labor. She notes that Dr. Spivey is aware and agrees.

40.

An order is entered for Ms. Wise to be admitted to inpatient OB for induction of labor.

41.

It was highly unlikely and extremely improbable that the providers could have the baby delivered vaginally from 1-centimeter dilation and -3 station in the limited window of time necessary to deliver the baby without injury.

42.

Further, given the tenuous strip—including the late decelerations and periods of absent to

minimal variability—a reasonable provider would not prescribe uterotonic medication—which would cause the uterus to contract and, potentially, to affect even further the uteral-placental blood flow.

43.

The Cartersville Medical Records contain a document entitled “Pre-Oxytocin and Cervical Ripening Checklist” that requires, among other things, 30 minutes of fetal monitoring prior to administering a cervical ripening agent, at least 2 accelerations in 30 minutes or a biophysical profile of 8 out of 10 within the past 4 hours or moderate variability, no late decelerations in the past 30 minutes, and no more than 2 variable decelerations exceeding 60 seconds and decreasing greater than 60 bpm from baseline within the previous 30 minutes prior to starting Oxytocin infusion. There is no record of this assessment being completed. In any case, the requirements were not met here. This policy reflects what would be a generally accepted standard of care for either the initiation or the avoidance of uterotonic agents.

44.

The decision to induce at this point was wrong.

45.

At 1500 hours, the midwife (Smith) notes that Ms. Wise has been admitted to inpatient status. This is the last entry in the record from midwife Smith. However, there is no record of any “handoff” from CNM Smith to any other midwife.

46.

At 1522, the strip continues to show minimal variability and signs of intolerance to uterine activity, which continues until 1548.

47.

The strip is lost at 1548 the middle of a deceleration and remains indeterminate from that point

on. 1548 is the last time the baby is tracing continuously.

48.

The providers are unable, based on the strip, to exclude the possibility of an evolving metabolic acidemia and hypoxemia.

49.

There is a high risk that acidemia will develop and the baby will suffer brain injury if the providers do not act to deliver the baby at this point given the tracing at 1548.

50.

The providers have a limited window of time before the baby becomes metabolically acidic and suffers brain injury.

51.

At 1548, when the strip was lost in the middle of a declaration and signs of fetal intolerance, Ms. Wise was not significantly dilated and was remote from delivery.

52.

A reasonable provider would ask themselves what is most likely to happen in this clinical situation: a successful, uncomplicated vaginal delivery or fetal compromise.

53.

At 1548, the chance of Ms. Wise having a successful and uncomplicated vaginal delivery was far outweighed by the risk of fetal compromise.

54.

A reasonable provider would have moved toward a prompt C-section at this point.

55.

The providers failed to properly interpret the strip, failed to communicate with one another

regarding their interpretations, and failed to collaborate.

56.

The providers failed to practice within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of Ms. Wise's unborn baby.

57.

At 1600 hours, the strip shows indeterminate tracings.

58.

At 1643, Nurse Allgood reports "difficulty tracing" despite "several positions tried."

59.

Between 1651 and 1748, Nurses Allgood and Sarah Glouse, RN, report trouble and ultimately, an inability to apply the Novii monitor.

60.

Ms. Wise has not been continuously monitored since the lost tracing was lost at 1548.

61.

At 1817, Nurse Allgood reports that Rebecca Evans, CNM ("B. Evans") is at bedside for an ultrasound. It is unclear from the record why CNM Evans, rather than CNM Smith is responding to the patients.

62.

It has been roughly two and a half hours since the tracing was lost at 1548.

63.

The bedside ultrasound performed by nurse-midwife Evans, shows no fetal heart tones.

64.

At 1830, the ultrasound department is called to confirm. A stat hospital ultrasound is ordered.

65.

Dr. Spivey is called and begins traveling to the hospital.

66.

The hospital ultrasound confirms the absence of fetal cardiac activity.

67.

At 1843, Nurse Allgood reports that Dr. Spivey talks to the patient and the family.

68.

At 1916, a c-section is ordered to deliver the nonviable infant.

69.

At 2002, Cathy Creamer, RN, documents, “Patient up to bathroom. Small amount of what appears to be meconium stained fluid visible on patient’s bed.”

70.

At 2021, Lily Wise is delivered, stillborn.

71.

Dr. Spivey records a post-operative diagnosis of intrauterine fetal demise at 39 weeks. He notes meconium-stained amniotic fluid and double nuchal cord, which also passed under infant’s right arm.

72.

STEVEN SPIVEY, M.D., violated the duty of ordinary care and diligence exercised by other physicians in the same or similar circumstances that would have been extended to Plaintiff BECKY WISE and unborn LILY WISE on August 24, 2018 and was negligent and grossly negligent in one or more particulars in connection with their care, including but not limited to: failing to properly assess the fetal heart tracing and unborn Lily’s decreased oxygen and blood flow; improperly ordering induction of labor, which causes increased contractions and potentially affects uteral-placental blood flow, despite a

tenuous strip showing periods of minimal variability and late decelerations; failing to instead move toward a prompt C-section at that time, given the tenuous strip showing periods of minimal variability and late decelerations and how remote the patient was from vaginal delivery; failing properly to interpret the strip; failing to properly supervise CNM Smith and CNM Evans in their care of the patients; failing to come to bedside to assess the patient; failing, when the strip showed continued minimal variability and signs of fetal intolerance to uterine activity, to appreciate that there was a limited window of time to deliver the baby before she would become metabolically acidemic and suffer brain injury; failing to communicate with the nurses and CNMs and respond with interventions; failing to move toward a prompt C-section when the tracing was lost and could not be regained; failing properly to weigh the chance of a successful and uncomplicated vaginal delivery against the risk of fetal compromise; failing to deliver or even to ensure monitoring of Lily Wise for roughly two and a half hours after the tracing was lost at 1548; and failing to deliver Lily Wise before she died.

73.

STEVEN SPIVEY, M.D., breached this standard of care, the result of which caused or significantly contributed to the death of LILY WISE. The failure to intervene to ensure the timely delivery of unborn LILY WISE proximately caused the death of LILY WISE. Such negligent acts and/or omissions, taken separately or collectively, constitute a proximate cause of the injuries and damages claimed in this lawsuit.

74.

At all relevant times, STEVEN SPIVEY, M.D., was acting within the course and scope of her employment with Defendant HARBIN CLINIC, which is therefore vicariously liable for Plaintiffs' injuries and damages.

75.

VALERIE SMITH, CNM, violated the duty of ordinary care and diligence exercised by other nurse-midwives or medical professionals in the same or similar circumstances that would have been extended to Plaintiff BECKY WISE and unborn LILY WISE on August 24, 2018 and was negligent and grossly negligent in one or more particulars in connection with their care, including but not limited to: failing to properly assess the fetal heart tracing and unborn Lily's decreased oxygen and blood flow and intolerance to uterine activity; failing to provide interventions given unborn Lily's fetal heart tracing; failing to come to bedside to assess the patient; improperly ordering induction of labor, which causes increased contractions and potentially affects uterine-placental blood flow, despite a tenuous strip showing periods of minimal variability and late decelerations; improperly ordering induction of labor despite the indications of the strip including periods of persistent minimal variability and late decels with more than 50% of contractions as evidenced by a positive contraction stress test; failing to properly inform the OB of the positive contraction stress test; failing to instead move toward a prompt C-section at that time, given the tenuous strip showing periods of minimal variability and late decelerations and how remote the patient was from vaginal delivery; failing to follow hospital protocols regarding induction of labor; failing in properly "handing off" the patients at or around 1500 when CNM Smith makes her last note in the record and, at some point, presumably, CNM Evans assumes care of the patient; failing properly to weigh the chance of a successful and uncomplicated vaginal delivery against the risk of fetal compromise; and failing to communicate or to collaborate to ensure delivery of Lily Wise before she died.

76.

VALERIE SMITH, CNM, breached this standard of care, the result of which caused or significantly contributed to the death of LILY WISE. The failure to intervene, to communicate, or to collaborate to ensure the timely delivery of unborn LILY WISE proximately caused the death of LILY WISE. Such negligent acts and/or omissions, taken separately or collectively, constitute a proximate cause

of the injuries and damages claimed in this lawsuit.

77.

At all relevant times, VALERIE SMITH, CNM, was acting within the course and scope of her employment with Defendant HARBIN CLINIC, which is therefore vicariously liable for Plaintiffs' injuries and damages.

78.

REBECCA EVANS, CNM, violated the duty of ordinary care and diligence exercised by other nurse-midwives or medical professionals in the same or similar circumstances that would have been extended to Plaintiff BECKY WISE and unborn LILY WISE on August 24, 2018 and was negligent and grossly negligent in one or more particulars in connection with their care, including but not limited to: failing to properly assess the fetal heart tracing and unborn Lily's decreased oxygen and blood flow intolerance to uterine activity; failing to provide interventions given unborn Lily's fetal heart tracing; failing to come to bedside to assess the patient; failing in properly receiving "hand off" of the patient at or around 1500 when CNM Smith makes her last note in the record and, at some point, presumably, CNM Evans assumes care of the patient; failing properly to interpret and to communicate and to collaborate regarding the strip, which showed continued minimal variability and fetal intolerance to uterine activity; failing to appreciate that there was a limited window of time to deliver the baby before she would become metabolically acidemic and suffer brain injury; failing to communicate with the nurses, CNM, and physician and respond with interventions; failing to communicate with the physician to move toward and advocate for a prompt C-section after tracing was lost and could not be regained; failing to properly weigh the chance of a successful and uncomplicated vaginal delivery against the risk of fetal compromise; failing to communicate or to collaborate to ensure delivery or even to ensure monitoring of Lily Wise for roughly two and a half hours after the tracing was lost at 1548; failing to notify the OB and advocate for an emergent

C-section when the nurses were unable to regain tracing after 1548; failing to communicate or to collaborate to ensure delivery of Lily Wise before she died.

79.

REBECCA EVANS, CNM, breached this standard of care, the result of which caused or significantly contributed to the death of LILY WISE. The failure to intervene, to communicate, or to collaborate to ensure the timely delivery of unborn LILY WISE proximately caused the death of LILY WISE. Such negligent acts and/or omissions, taken separately or collectively, constitute a proximate cause of the injuries and damages claimed in this lawsuit.

80.

At all relevant times, REBECCA EVANS, CNM, was acting within the course and scope of her employment with Defendant CARTERSVILLE OB/GYN, which is therefore vicariously liable for Plaintiffs' injuries and damages.

81.

The direct and proximate result of Defendants' negligence was the death of unborn LILY WISE.

82.

As a direct and proximate result of Defendants' negligence and wrongful acts, Plaintiffs BECKY WISE and JAY WISE have sustained damages.

83.

Plaintiff has attached: as Exhibit 1 to Plaintiffs' Complaint the Affidavit of Nicolas Psomiadis, M.D., identifying at least one negligent act and/or admission of Defendant STEVEN SPIVEY, M.D.; at least one negligent act and/or admission of Defendant VALERIE SMITH, CNM; at least one negligent act and/or admission of Defendant HARBIN CLINIC; at least one negligent act and/or admission of Defendant REBECCA EVANS, CNM; and at least one negligent act and/or admission of Defendant

CARTERSVILLE OB/GYN; as Exhibit 2 to Plaintiff's Complaint the Affidavit of Michelle Collins, PhD, CNM, identifying at least one negligent act and/or admission of Defendant VALERIE SMITH, CNM; at least one negligent act and/or admission of Defendant HARBIN CLINIC; at least one negligent act and/or admission of Defendant REBECCA EVANS, CNM; and at least one negligent act and/or admission of Defendant CARTERSVILLE OB/GYN.

CLAIM FOR ORDINARY NEGLIGENCE

84.

Plaintiffs incorporate and re-allege each and every allegation set forth in Paragraphs 1 through 83 as if fully set forth herein.

85.

BECKY WISE entered into the care and treatment of HARBIN CLINIC and CARTERSVILLE OB/GYN and continued in their care through the labor and delivery of her daughter LILY WISE.

86.

HARBIN CLINIC and CARTERSVILLE OB/GYN hired, trained, supervised and retained their employees, including the physicians and midwives who provided medical care to BECKY WISE and unborn LILY.

87.

At all relevant times, HARBIN CLINIC and CARTERSVILLE OB/GYN had a duty to exercise ordinary care in the hiring, training, supervision, and retention of its employees who provided care to BECKY WISE and unborn LILY.

88.

HARBIN CLINIC and CARTERSVILLE OB/GYN breached their duty of ordinary care by failing to adequately hire, train and supervise their employees to be competent to treat patients such as (and

including) BECKY WISE and unborn LILY within the standard of care.

89.

At all relevant times, HARBIN CLINIC and CARTERSVILLE OB/GYN had a duty to establish, implement and communicate adequate policies and procedures so that they, as institutions, and their employees could provide medical treatment to patients within the standard of care.

90.

HARBIN CLINIC and CARTERSVILLE OB/GYN failed to establish adequate policies and procedures for their employees and agents to be able to treat patients such as (and including) BECKY WISE and unborn LILY within the standard of care.

91.

HARBIN CLINIC and CARTERSVILLE OB/GYN failed to implement and/or communicate adequate policies and procedures for their employees and agents to be able to treat patients such as (and including) BECKY WISE and unborn LILY within the standard of care.

92.

HARBIN CLINIC and CARTERSVILLE OB/GYN are directly liable for their negligence as institutions and are vicariously liable as the employers of those physicians and midwives who provided negligent care and treatment to BECKY WISE and unborn LILY.

93.

The breaches in the standard of care by HARBIN CLINIC and CARTERSVILLE OB/GYN their agents, servants and/or employees, including, but not limited to the physicians and midwives providing care to BECKY WISE and unborn LILY, caused or contributed to LILY's death. Such negligent acts and/or omissions, taken separately or collectively, constitute a proximate cause in the Plaintiffs' injuries and damages claimed in this lawsuit.

94.

The direct and proximate result of Defendants' negligence was the death of unborn LILY WISE.

95.

As a direct and proximate result of Defendants' negligence, Plaintiffs BECKY WISE and JAY WISE, as surviving parents, have suffered the loss of their unborn child, LILY WISE, due to her untimely death.

PRAYER FOR DAMAGES

96.

Plaintiffs incorporate and re-allege each and every allegation set forth in Paragraphs 1 through 95 as if fully set forth herein.

97.

As a direct and proximate result of Defendants' negligence and wrongful acts, Plaintiffs BECKY WISE and JAY WISE, as surviving parents, are entitled to recover an amount equal to the full value of life of LILY WISE without deduction for expenses or necessities had she lived.

98.

WHEREFORE, Plaintiffs respectfully pray that this Court:

- (a) Causes process to issue and to be perfected as provided by law;
- (b) Allows Plaintiff a trial by jury on all issues;
- (c) Enter judgment in favor of Plaintiffs BECKY WISE and JAY WISE , as the surviving parents of LILY WISE, in the full amount the jury awards against Defendants, jointly and severally, for the aforementioned damages; and
- (d) Award Plaintiffs their costs and such other and further relief as this Court deems just and proper.

PLAINTIFFS HEREBY DEMAND A TRIAL BY JURY.

This 21st day of August 2020.

Respectfully submitted,

/s/ Nelson O. Tyrone

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EXHIBIT 1

STATE OF GEORGIA

COUNTY OF JACKSON

AFFIDAVIT OF NICOLAS PSOMIADIS, M.D.

COMES NOW NICOLAS PSOMIADIS, M.D., who, after being duly sworn does depose and say:

1.

My name is Nicolas Psomiadis, M.D. I am a physician in active practice in the area of OB/GYN in full time active clinical practice in the State of Georgia, where I am currently licensed to practice medicine. I am of the age of majority. I have actual professional knowledge and experience in the area of practice or specialty in which my opinion is given in this Affidavit, as reflected in this Affidavit and in my Curriculum Vitae, which has been attached hereto and incorporated herein by reference as Exhibit "A". At the time of the events referenced in this affidavit, I was licensed by an appropriate regulatory agency to practice my profession in the state of Georgia. I am board certified in obstetrics and gynecology by The American Board of Obstetrics and Gynecology (ABOG), with current active yearly maintenance of certification as required by the ABOG. I am an active Fellow in The American Congress of Obstetricians and Gynecologists (ACOG). I am also certified in electronic fetal monitoring by The National Certification Corporation (NCC). I am qualified as an expert by virtue of my knowledge, skill, experience, training, and education regarding the issues raised in this affidavit and am qualified to give opinions regarding the issues addressed in this affidavit. I have actively practiced in my area of specialty for 20 years and at least three of the last five years immediately preceding the events of August 24, 2018 which form the basis for this affidavit and immediately preceding the signing of the affidavit, with sufficient frequency to establish an appropriate level of knowledge in diagnosing the condition or rendering the treatment at issue in this affidavit. I have delivered approximately 5,000 infants over my career.

2.

As recorded on my Curriculum Vitae, attached as Exhibit "A", I have held multiple staff positions at the hospitals where I have had privileges that have included, but are not limited to, Clinical Assistant Professor of OB/GYN, Philadelphia College of Osteopathic Medicine, Clinical Assistant Professor of OB/GYN, Medical College of Georgia, Chief of Staff at Barrow Regional Medical Center, and Medical Director of the Obstetrical Service Line at United OB/GYN at Southwell Medical Center in Tifton, Georgia. This position directly involves peer review, and review and establishment of hospital and clinic

protocols and procedures, including nursing protocols and procedures. I remain involved in establishing such protocols through my numerous appointments at the various hospitals and medical schools listed on my Curriculum Vitae, Exhibit "A". I am currently medical director of the obstetrical service line at United OB/GYN at Southwell Medical Center in Tifton, Georgia. My current work duties at Southwell Medical Center in Tifton, Georgia include management of OB/GYN patients; OB/GYN surgical procedures; evaluation and management of gravid patients presenting/admitted to the labor & delivery unit; evaluation and management of OB/GYN patients presenting to the emergency department; and supervision of nurse practitioner and midlevel providers. I am familiar with the standards of care for labor and delivery nurses and nurse midwives, as well as obstetricians. My familiarity with the standard of care for obstetricians comes from my active practice in the area of OB/GYN during at least three of the last five years immediately preceding the time the act or omission for which I am offering this affidavit occurred as well as my teaching, hospital and clinic roles as well as my ongoing participation in professional education and medical literature reviews. My familiarity with the standard of care for nurse midwives, labor and delivery nurses, and medical support staff comes from my supervision and instruction of nurse midwives, labor and delivery nurses, and medical support staff for the last 20 years and during at least three (3) of the last five (5) years immediately preceding the time the act or omission is alleged to have occurred, as well as my teaching, hospital and clinic roles as well as my ongoing participation in professional education and medical literature reviews.

The facts in this case upon which I base my opinions are of a type reasonably relied upon by experts in the field of Obstetrics.

3.

The testimony I have given herein is, in my opinion, based upon sufficient facts or data which should be admissible evidence at any hearing or trial in this matter. The testimony I have given herein is the product of reliable principles and methods, and I have applied those principles and methods reliably to the facts of this case in arriving at the opinions I express herein.

4.

I have been asked to review the medical care provided to Becky Wise and her unborn daughter, Lily Wise, prior to her birth and demise by various health care providers including Valerie Smith, CNM; Steven Spivey, M.D.; Rebecca Evans, CNM; Cartersville OB/GYN Associates; and Harbin Clinic Women's Center Etowah Valley OB/GYN..

Materials reviewed:

- A. Copies of medical records from Cartersville Medical Center; and
- B. Copies of birth records from Cartersville Medical Center (labor and newborn).

Because of my background, training and experience, I am familiar with the standard of care and skill ordinarily employed by obstetricians, nurse midwives, and

labor and delivery nurses when treating obstetrical patients such as Ms. Wise and her unborn daughter under similar conditions and like surrounding circumstances as are contained in the medical records I have reviewed.

FACTS OF THE CASE:

1. Ms. Wise received prenatal care from Kimberly Millsap, CNM; Valerie Smith, CNM; Steven Spivey, M.D.; and the Harbin Clinic Women's Center Etowah Valley OB/GYN.
2. She was 29 years old and pregnant with her first child.
3. At 1017 hours on August 24, 2018, Ms. Wise is admitted to Cartersville Medical Center.
4. She is at 39 weeks' gestation and having contractions.
5. Ms. Wise states that she is not noticing the baby move as frequently since contractions have started.
6. Her cervix is at 60% effacement and 1cm dilated. The baby is at -2 station.
7. At 1100 hours, Ashley Allgood, RN, records a fetal heartrate baseline of 165 with moderate variability, no accelerations, and no decelerations.
8. The strip at 1100 hours shows moderate variability and indicates that the baby is, at this point, oxygenating properly and is not metabolically acidemic. The strip indicates a baby who is neurologically intact.
9. At 1107, the strip shows a normal baseline of about 160, with classic moderate variability, indicating a normal, oxygenating baby with a normal acid base status.
10. At 1110, the strip shows an apparent gradual deceleration followed by a definitive late deceleration at approximately 1125, and a gradual appearing deceleration at 1128.
11. At 1130 Nurse Allgood records a fetal heart baseline of 155 with moderate variability, accelerations of 10 x 10, and no decelerations.
12. At 1141, the strip shows a definitive variable deceleration. Between 1132 and 1150, the strip shows late decelerations occurring with more than 50% of Ms. Wise's contractions.
13. At 1154, Nurse Allgood records that the midwife, Valerie Smith, has been updated on patient's status and that orders have been received and recorded.
14. At 1158, Nurse Allgood records a fetal heart baseline of 160 with moderate variability, no accelerations, and late decelerations.
15. At 1208, Ms. Wise is removed from her monitor to ambulate in the hallway.
16. At 1304, Ms. Wise is placed back on the monitor. She has been off the strip for about an hour.
17. At 1306, the strip shows a baseline of 160 with minimal variability. Between 1303 and 1351, the strip reveals persistent minimal variability overall with no accelerations.
18. At 1318, Nurse Allgood records that the midwife, Valerie Smith, has been updated on patient's status and that a biophysical profile has been ordered.
19. At 1319, according to the medical records, Steven Spivey, M.D., ordered an ultrasound for a biophysical profile due to decreased variability. It is unclear from the record what communication and/or collaboration exists between midwife Valerie Smith and Dr. Spivey.
20. The strip shows a presumptive variable deceleration at 1321 and presumed decelerations at 1324, 1330, 1339, and 1343, which appear gradual in onset and are presumably late. Between 1314 and 1343, the strip shows late decelerations occurring

- with more than 50% of the contractions.
21. At 1351, Nurse Allgood documents an ultrasound at bedside.
 22. From 1353 to 1417, Ms. Wise is off monitor.
 23. The tracings from 1423 to about 1513 are indeterminate. Ms. Wise is essentially not monitored for roughly an hour after her BPP.
 24. At 1435, the ultrasound results are reported. According to a comment in the record, the results were obtained at 1351 hours. The BPP is recorded as 6/8 due to lack of fetal tone.
 25. At 1435, Nurse Allgood records that the CNM (Smith) has been updated on patient's ultrasound and that Dr. Spivey would be contacted.
 26. At 1500 hours, the midwife (Smith) notes the biophysical profile of 6/10 and plans to induce labor. She notes that Dr. Spivey is aware and agrees. It is unclear from the record what, exactly, midwife Smith has communicated to Dr. Spivey.
 27. An order is entered for Ms. Wise to be admitted to inpatient OB for induction of labor.
 28. It was highly unlikely and extremely improbable that the providers could have the baby delivered vaginally from 1-centimeter dilation and -3 station in the limited window of time necessary to deliver the baby without injury.
 29. Further, given the tenuous strip—including the late decelerations and periods of absent to minimal variability—a reasonable provider would not prescribe uterotonic medication—which would cause the uterus to contract and, potentially, to affect even further the uterine-placental blood flow.
 30. The Cartersville Medical Records contain a document entitled "Pre-Oxytocin and Cervical Ripening Checklist" that requires, among other things, 30 minutes of fetal monitoring prior to administering a cervical ripening agent, at least 2 accelerations in 30 minutes or a biophysical profile of 8 out of 10 within the past 4 hours or moderate variability, no late decelerations in the past 30 minutes, and no more than 2 variable decelerations exceeding 60 seconds and decreasing greater than 60 bpm from baseline within the previous 30 minutes prior to starting Oxytocin infusion. There is no record of this assessment being completed. In any case, the requirements were not met here. This policy reflects what would be a generally accepted standard of care for either the initiation or the avoidance of uterotonic agents.
 31. The decision to induce at this point was completely wrong.
 32. At 1500 hours, the midwife (Smith) notes that Ms. Wise has been admitted to inpatient status. This is the last entry in the record from midwife Smith. However there is no record of any "handoff" from CNM Smith to any other midwife.
 33. Between 1522 and 1548, the strip continues to deteriorate, showing minimal variability and recurrent, late and variable decelerations.
 34. At 1548, the strip is ominous.
 35. The strip is lost at 1548 and indeterminate from that point on. 1548 is the last time the baby is tracing continuously.
 36. The providers are unable, based on the strip, to exclude the possibility of an evolving metabolic acidemia and hypoxemia.
 37. Given the prior tracing, there is a high risk that acidemia will develop and the baby will suffer brain injury if the providers do not act to deliver the baby at this point.
 38. The providers have a limited window of time before the baby becomes metabolically acidic and suffers brain injury.

39. At 1548, when the strip was lost, Ms. Wise was not significantly dilated and was remote from delivery.
40. A reasonable provider would ask themselves what is most likely to happen in this clinical situation: a successful, uncomplicated vaginal delivery or fetal compromise?
41. At 1548, the chance of Ms. Wise having a successful and uncomplicated vaginal delivery was far outweighed by the risk of fetal compromise.
42. A reasonable provider would have moved toward a prompt C-section at this point.
43. The providers failed to properly interpret the strip, failed to communicate with one another regarding their interpretations, and failed to collaborate.
44. The providers failed to practice within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of Ms. Wise's unborn baby.
45. At 1600 hours, the strip shows indeterminate tracings.
46. At 1643, Nurse Allgood reports "difficulty tracing" despite "several positions tried."
47. Between 1651 and 1748, Nurses Allgood and Sarah Glouse, RN, report trouble and ultimately, an inability to apply the Novii monitor.
48. Ms. Wise has not been continuously monitored since the strip was lost at 1548.
49. At 1817, Nurse Allgood reports that Rebecca Evans, CNM ("B. Evans") is at bedside for an ultrasound. It is unclear from the record why CNM Evans, rather than CNM Smith is responding to the patients.
50. It has been roughly two and a half hours since the tracing was lost at 1548.
51. The bedside ultrasound performed by nurse midwife Evans, shows no fetal heart tones.
52. At 1830, the ultrasound department is called to confirm. A stat hospital ultrasound is ordered.
53. Dr. Spivey is called and begins traveling to the hospital.
54. The hospital ultrasound confirms the absence of fetal cardiac activity.
55. At 1843, Nurse Allgood reports that Dr. Spivey talks to the patient and the family.
56. At 1916, a c-section is ordered to deliver the nonviable infant.
57. At 2002, Cathy Creamer, RN, documents, "Patient up to bathroom. Small amount of what appears to be meconium stained fluid visible on patient's bed."
58. At 2021, Lily Wise is delivered, stillborn.
59. Dr. Spivey records a post-operative diagnosis of intrauterine fetal demise at 39 weeks. He notes meconium-stained amniotic fluid and double nuchal cord, which also passed under infant's right arm.

5.

OPINIONS

Based on my review of these medical records and on my background, training, expertise, knowledge, experience, and familiarity with the degree of care and skill ordinarily employed by physicians and nurse-midwives when dealing with like conditions and similar circumstances, I am of the opinion that Lily Wise suffered hypoxemia, metabolic acidemia, and ultimate progression to fetal death due to the

negligence of Valerie Smith, CNM, Rebecca Evans, CNM, Steven Spivey, M.D., Harbin Clinic Women's Center Etowah Valley OB/GYN and Cartersville OB/GYN.

It is my opinion, based on my review of the aforementioned documents and my background, training, expertise, knowledge, experience, and familiarity with the degree of care and skill ordinarily employed by the medical and the nursing professions, generally, when dealing with like conditions and similar circumstances, that Valerie Smith, CNM, Steven Spivey, M.D., Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN were negligent and violated the requisite standard of care in that, among other things, they failed to properly assess the fetal heart tracing and unborn Lily's decreased oxygen and blood flow (Valerie Smith, CNM; Steven Spivey, M.D., Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN); improperly ordered induction of labor which causes increased contractions and potentially affects uterine-placental blood flow, despite a tenuous strip showing periods of minimal variability and late decelerations (Valerie Smith, CNM; Steven Spivey, M.D.); failed to instead move toward a prompt C-section at that time, given the tenuous strip showing periods of minimal variability and late decelerations and how remote the patient was from vaginal delivery (Valerie Smith, CNM; Steven Spivey, M.D.); failed to come to bedside to assess the patient (all defendants); failed in properly "handing off" the patients at or around 1500 when CNM Smith makes her last note in the record and, at some point, presumably, CNM Evans assumes care of the patient (Valerie Smith, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN); failed to properly supervise CNM Smith and CNM Evans in their care of the patients (Steven Spivey, M.D.; Harbin Clinic Women's Center Etowah Valley OB/GYN); failed to communicate among the nurses, CNM, and physician and respond with interventions regarding the strip, which showed minimal variability and recurrent late and variable decelerations when it was lost at 1548 (Steven Spivey, M.D.; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN); failing to appreciate, given the tracing, that they had a limited window of time, to deliver the baby before she becomes metabolically acidemic and suffers brain injury (Steven Spivey, M.D.; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN) failed to move toward and advocate for a prompt C-section when the ominous tracing was lost and could not be regained (Steven Spivey, M.D.; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN); failed properly to weigh the chance of a successful and uncomplicated vaginal delivery against the risk of fetal compromise (Valerie Smith, CNM; Steven Spivey, M.D.; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN); failed to obtain a readable Fetal Monitor Strip that could be interpreted or even appropriately monitor Lily Wise for roughly two and a half hours after the tracing was lost (Steven Spivey, M.D.; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN); failed to deliver Lily Wise before she died (Valerie Smith, CNM; Steven Spivey, M.D.; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN). This treatment provided by these providers to Ms. Wise thus fell

well below any reasonable standard of care applicable to physicians practicing in OB/GYN and nurse midwives.

I have not expressed all of my opinions on negligence in this affidavit; as I understand Georgia law, I am only required to state one act of negligence for each potential defendant.

All of the opinions I have expressed herein were expressed within a reasonable degree of medical probability.

All of the opinions I have expressed herein constitute my opinions at this time and are based on information which I have been given. I reserve the right to change my opinions if further information is received which impacts on opinions herein given.

I make this affidavit, intending all of the statements made to be truthful and understanding myself to be under oath upon executing it, knowing that it is being executed for the purpose of being attached to and used in support of a medical malpractice complaint as required by Georgia law.

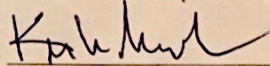
FURTHER AFFIANT SAYETH NOT.

[SIGNATURE ON FOLLOWING PAGE]

NICOLAS PSOMLADIS, M.D.

SUBSCRIBED AND SWORN TO BEFORE ME on this the 20
day of August, 2020.

Notary Public, State of Georgia



Notary's Printed Name
Kevin Miller

KEVIN W. MILLER
NOTARY PUBLIC
Hall County
State of Georgia
My Comm. Expires May 24, 2021

My Commission Expires: MAY 24, 2021

AFFIDAVIT OF NICOLAS PSOMLADIS, M.D.

EXHIBIT "A"

AFFIDAVIT OF NICOLAS PSOMLADIS, M.D.

EXHIBIT “A”

Curriculum Vitae

Nicolas Psomiadis, MD, FACOG, C-EFM

**PO Box 51
Braselton, GA 30517**

**770-490-2493 (cellular)
npappasan@gmail.com**

DOB: 11/25/1968

Citizenship: United States

**Specialty: Obstetrics & Gynecology /Board certified; American Board of OB/GYN 2006
Re-certified 2011-2018- current maintenance of certification through 12/31/2020
National Certification Corp- Electronic Fetal Monitoring- certified 2017-2023**

**Licensure: Georgia (Active status/No restrictions)
Florida Expert Witness Certificate(Active status/No restrictions)
Alabama (Inactive status/No restrictions)**

Practice Experience

**United Obstetrics & Gynecology
1948 Old Ocilla Road
Tifton, GA 31794
12/19 – present
Medical Director/OB hospitalist service line**

**Upton Women's Services
214 Cherokee Road
Thomaston, GA 30286
7/15 – 12/19
(Group practice/ Hospital employed physician)**

**Cornerstone Womancare OB-GYN
314 North Broad Street
Suite 360
Winder, GA 33019
6/06 – 7/15
(Solo practice/ Hospital employed physician)**

**Selma Womancare
1023 Medical Center Parkway
Suite 300
Selma, AL 36701
7/03 – 6/06
(Solo private practice)**

Education/ Training

Memorial Health University Medical Center
Savannah, GA
OB/GYN residency training 7/1999-6/2003

University of South Florida College of Medicine
Tampa, FL
Doctor of Medicine, 8/1995-6/1999

Florida Atlantic University
Boca Raton, FL
Bachelor of Science, Microbiology, 8/1991-5/1995

Current/ Past Affiliations

Fellow, American Congress of Obstetricians & Gynecologists

Georgia OB/GYN Society

Dallas County Medical Society

American Medical Association

Rotary Club of Dallas County

Hospital Privileges

Tift Regional Medical Center/ Southwell
Tifton, GA
12/19 - present

Upton Regional Medical Center
Thomaston, GA
7/15- 12/19

Barrow Regional Medical Center
Winder, GA
6/06 – 7/15

Gwinnett Medical Center
Lawrenceville, GA
6/08 – 3/17

Vaughan Regional Medical Center
Selma, AL
7/03 – 6/06

Current/Past Hospital Appointments

Chief of Staff 1/2013 – 1/2015
Barrow Regional Medical Center

Chairperson, Credentials Committee 1/2015 - 7/2015

Barrow Regional Medical Center

Vice Chief of Staff 1/2012 – 1/2013
Barrow Regional Medical Center

Secretary of Staff/ Treasurer 1/2010 – 1/2011
Barrow Regional Medical Center

Chairperson, Focus/Peer Review Committee 1/2010 – 1/2011
Barrow Regional Medical Center

Chairperson, Dept. of OB/GYN 1/2008-7/2015
Barrow Regional Medical Center

Chairperson, Physician Leadership Council 1/2007 – 1/2009
Barrow Regional Medical Center

Chairperson, Dept. of Surgical Services 1/2007 - 1/2008
Barrow Regional Medical Center

Committee Member, Focus/ Peer Review Committee 1/2006 - 7/2015
Barrow Regional Medical Center

Teaching Experience

Clinical Assistant Professor of OB/GYN, Philadelphia College of Osteopathic Medicine 2008-present
Georgia Campus, Barrow Regional Medical Center/ Gwinnett Medical Center/ Upson Regional Medical Center

Clinical Assistant Professor of OB/GYN, Medical College of Georgia, MCG/UGA Partnership 9/2012-present
Athens, GA campus

Clinical Instructor/ Preceptor of OB/GYN Clinical Rotation, Nurse Practitioner Program 2012-current
South University, Savannah, GA, Barrow Regional Medical Center/ Upson Regional Medical Center

Clinical Instructor/ Preceptor of OB/GYN Clinical Rotation, Nurse Practitioner Program 2016- current
Albany State University, Albany, GA, Upson Regional Medical Center

Clinical Instructor of OB/GYN, Univ. of Alabama Family Practice Residency Program 2003-06
Selma Campus, Vaughan Regional Medical Center

Clinical Interests

Extensive training and experience in virtually all facets of high risk/critical pregnancy care. Also have extensive training and experience in minimally invasive gynecologic procedures and urogynecology. High risk pregnancy care, in particular, is the aspect of medicine I truly have a passion for. Clinical interests include, but not limited to:

1. **Obstetric/ gynecologic ultrasound.** I perform all of my own pan-trimester obstetric ultrasounds, including detailed fetal anatomy scans, limited fetal echo, fetal growth ultrasounds, biophysical profiles, fetal P-R interval assessment, umbilical artery Doppler velocimetry, fetal middle cerebral artery Doppler velocimetry, ductus venosus Doppler, cervical length assessments. Also perform all of my own gyn ultrasound assessments, with strong clinical interest in transvaginal ultrasonography.
2. **Gestational hypertension/ pre-eclampsia/chronic hypertension complicating pregnancy.** Extensive experience with all facets of gestational and pre-gestational hypertensive disorders, including diagnosis and management. Gestational hypertension and its various nuances and presentations is among my strongest clinical niches and interests. Extensive experience with recognition of atypical gestational hypertension/ pre-eclampsia presentations and correlation with fetal ultrasound surveillance/ evaluation and Doppler velocimetry studies.
3. **IUGR.** Extensive experience with all facets of fetal growth restriction, including diagnosis, staging, and management.

4. Diabetes/ endocrine disorders in pregnancy. Extensive experience with management of pre-gestational and gestational diabetes mellitus. Also have extensive experience with thyroid dysfunction management in pregnancy, with strong interest in the impact of sub-clinical hypothyroidism surveillance and management.
5. Thrombophilia/ Autoimmune disorders in pregnancy. Extensive experience with management of hereditary and autoimmune thrombophilias in pregnancy. Also have extensive management experience with autoimmune disorders in pregnancy including Systemic Lupus Erythematosus, Sjogrens's Syndrome, Antiphospholipid Antibody Syndrome. Also have strong clinical interest in the management and impact of MTHFR gene mutations in pregnancy.
6. Preterm labor. Extensive experience in the management and prevention of preterm labor and preterm delivery. Extensive experience with transvaginal ultrasonography for cervical length screening, 17-OHP preterm labor prophylaxis, and cervical cerclage. Preterm labor screening and prevention is also among my strongest clinical interests, with emphasis on aggressive screening and interventions/tocolytic modalities. My spontaneous preterm delivery rate has consistently been less than 5% throughout my career.
7. Minimally invasive gynecology. Extensive experience with minimally invasive office-based procedures, including Essure permanent sterilization and endometrial ablation. Also have extensive surgical experience with advanced laparoscopy.
8. Urogynecology. Extensive surgical experience with advanced female pelvic prolapse and urinary incontinence repair. I was among the first physicians to be trained in mid-urethral sling incontinence surgeries in the late 1990's.
9. Obesity and pregnancy. Strong clinical interest in management and surveillance of the obese/ morbidly obese parturient. This is, in my opinion, the most clinically overlooked risk factor in the management of pregnancy, yet contributes to the majority of the complications encountered during the antepartum course. I focus primarily on risk reduction via nutritional counseling and strict weight gain surveillance and also through appropriate laboratory screening and antepartum ultrasound fetal surveillance. Strong clinical interest in bariatric surgery risk reduction pre-pregnancy and management of pregnant patients post-bariatric surgery.
10. Electronic fetal heart rate monitoring. NCC certified. Strong clinical interest in the use of electronic fetal heart rate monitoring as a modality for screening of intrapartum fetal acid-base status, with strong emphasis in understanding of fetal physiology in relation to heart rate tracing patterns and maternal-fetal oxygenation pathways.
11. Multiple gestation. Strong clinical interest and experience in management of twin and higher order multiples. I was the first physician in the history of Gwinnett Medical Center to deliver viable, surviving twins after successful in utero surgery for advanced Quintero Stage Twin to Twin Transfusion Syndrome.
12. Chronic opioid dependency in pregnancy. Extensive experience with management of chronic opioid dependency in pregnancy and with Methadone/ Subutex management. Work in conjunction with several Methadone/ Subutex maintenance clinics and have several out of town clinics refer patients to my practice due to my experience and outcomes.

***Please also note that my clinical history is one of a virtually non-existent complication rate with regard to both my obstetric and gynecologic practices. This can be corroborated by peer and department head references. I have had no previous or currently pending malpractice issues in my career and have also never been the subject of any peer review processes.

Awards

Outstanding Graduate Resident in Obstetrics Award
 Memorial Health University Medical Center
 Savannah, GA
 2003

Outstanding Resident Teaching Award
 Memorial Health University Medical Center
 Savannah, GA
 2000/ 2001

Outstanding Contribution Award

Philadelphia College of Osteopathic Medicine, Georgia Campus
Suwanee, GA
2008/2009

Berlex Resident Reporter Program

*Selected as the outstanding resident by Program Director for attendance
American College of Obstetricians and Gynecologists Annual Clinical meeting 2001, Chicago, IL

Publications

Efficacy of Aggressive Tocolysis for Preterm Labor With Advanced Cervical Dilation.

Journal of Maternal-Fetal and Neonatal Medicine. 2005 Jul; 18(1): 47-52

***Poster presentation of above publication- The Society for Maternal-Fetal Medicine
Annual Clinical Meeting 2004, New Orleans, LA**

Personal Information

Have 6 sons: Seth (26), Noah (17), Adam (14), Gabriel (11), Andrew (9), and Nate(5). My oldest son is currently enrolled in medical school. We reside in Chateau Elan/ Braselton. I am an avid car enthusiast and have a particular fondness for all things muscle-car related. We are fairly active in church activities and spend a lot of our free time with our boys. Traveling and family vacations are particular favorites. Given my Florida roots, we are most fond of beach/coastal and tropical lifestyle activities.

References

Hugh Smith, MD- professional colleague

***President Elect, Georgia OB-GYN Society**

ladyjane14@charter.net

706-656-5911

Perry Wells, MD- professional colleague

perrywells@yahoo.com

478-361-7771

Bill Lytollis, MD, PhD- professional colleague

blytollis@gmail.com

706-248-5365

EXHIBIT 2

STATE OF ILLINOIS

COUNTY OF COOK

AFFIDAVIT OF MICHELLE RENEE COLLINS, PhD, CNM

COMES NOW MICHELLE RENEE COLLINS, PhD, CNM, who, after being duly sworn does depose and say:

1.

My name is Michelle Renee Collins. I am a nurse-midwife in active clinical practice in the State of Illinois, where I am currently licensed to practice nursing and midwifery. I am of the age of majority. I have actual professional knowledge and experience in the area of practice or specialty in which my opinion is given in this Affidavit, as reflected in this Affidavit and in my Curriculum Vitae, which has been attached hereto and incorporated herein by reference as Exhibit "A". At the time of the events referenced in this affidavit, I was licensed by an appropriate regulatory agency to practice my profession in the state of Illinois. I am board certified in midwifery by the American Midwifery Certification Board. I am also certified in electronic fetal monitoring by The National Certification Corporation (NCC). I am qualified as an expert by virtue of my knowledge, skill, experience, training, and education regarding the issues raised in this affidavit and am qualified to give opinions regarding the issues addressed in this affidavit. I have actively practiced in my area of specialty for 18 years and at least three of the last five years immediately preceding the events of August 24, 2018 which form the basis for this affidavit and immediately preceding the signing of the affidavit, with sufficient frequency to establish an appropriate level of knowledge in diagnosing the condition or rendering the treatment at issue in

this affidavit.

2.

As recorded on my Curriculum Vitae, attached as Exhibit “A”, I have held multiple positions at the hospitals where I have had privileges that have included, but are not limited to, Program Director, Nurse-Midwifery Educational Program, Vanderbilt University School of Nursing; Professor, Associate Dean of Academic Affairs, Rush University College of Nursing; and a Per Diem Clinical Position at the University of Illinois Chicago, Nurse-Midwifery Service. I have been involved in establishing protocols for midwifery through my numerous appointments at the various hospitals and universities listed on my Curriculum Vitae, Exhibit “A”. Among others, I have taught the following courses: Advanced Health Assessment Applications for Nurse-Midwifery; Antepartal Care for Nurse-Midwifery; Nurse-Midwifery Practicum I; Skills for Nurse-Midwifery; Intrapartum/Postpartum Nurse-Midwifery Care; Practicum in Intrapartum/Postpartum Nurse-Midwifery Care; and Nurse-Midwifery Advanced Clinical Integration Experience. I am familiar with the standards of care for labor and delivery nurses and nurse-midwives. My familiarity with the standard of care for nurse-midwives and labor and delivery nurses comes from my work as a nurse-midwife and my work with nurse-midwives and labor and delivery nurses and my instruction of nurse-midwifery students, for the last 18 years and during at least three (3) of the last five (5) years immediately preceding the time the act or omission is alleged to have occurred, as well as my teaching, hospital and clinic roles as well as my ongoing participation in professional education and medical literature reviews.

The facts in this case upon which I base my opinions are of a type reasonably relied

upon by experts in the field of Midwifery and Nursing.

3.

The testimony I have given herein is, in my opinion, based upon sufficient facts or data which should be admissible evidence at any hearing or trial in this matter. The testimony I have given herein is the product of reliable principles and methods, and I have applied those principles and methods reliably to the facts of this case in arriving at the opinions I express herein.

4.

I have been asked to review the medical care provided to Becky Wise and her unborn daughter, Lily Wise, prior to her birth and demise by various health care providers including Valerie Smith, CNM.; Rebecca Evans, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN; and Cartersville OB/GYN.

Materials reviewed:

- A. Copies of medical records from Cartersville Medical Center; and
- B. Copies of birth records from Cartersville Medical Center (labor and newborn).

Because of my background, training and experience, I am familiar with the standard of care and skill ordinarily employed by obstetricians, nurse-midwives, and labor and delivery nurses when treating obstetrical patients such as Ms. Wise and her unborn daughter under similar conditions and like surrounding circumstances as are contained in the medical records I have reviewed.

FACTS OF THE CASE:

- 1. Ms. Wise received prenatal care from Kimberly Millsap, CNM; Valerie Smith, CNM; Steven Spivey, M.D.; and the Harbin Clinic Women's Center Etowah Valley OB/GYN.
- 2. She was 29 years old and pregnant with her first child.
- 3. At 1017 hours on August 24, 2018, Ms. Wise is admitted to Cartersville Medical Center.
- 4. She is at 39 weeks' gestation and having contractions.

5. Ms. Wise states that she is not noticing the baby move as frequently since contractions have started.
6. Her cervix is at 60% effacement and 1cm dilated. The baby is at -2 station.
7. Her admission order includes continuous fetal monitoring and bed rest with bathroom privileges; the order notably does not include an ambulation order.
8. When Ms. Wise is placed on the monitor after admission, at approximately 1100, the strip shows moderate variability.
9. During the first hour and six minutes after being placed on monitor, Ms. Wise has approximately 22 contractions, approximately 13 of which had late decels after them— more than 50%, and what I call a positive contraction stress test. A positive contraction stress test is a sign of placental insufficiency and fetal intolerance of contractions, which would prevent a reasonable midwife from proceeding with induction due to the baby's potential inability to withstand the stress of labor.
10. The strip continued to show signs for concern.
11. At 1154, Nurse Allgood records that the midwife, Valerie Smith, has been updated on patient's status and that orders have been received and recorded.
12. At 1208, Ms. Wise is removed from her monitor to ambulate in the hallway. Again, her admission order included bedrest with bathroom privileges only and continuous fetal monitoring; it does not include ambulation.
13. At 1304, Ms. Wise is placed back on the monitor. She has been off the monitor for about an hour.
14. Between 1303 and 1351, the strip reveals persistent minimal variability overall with no accelerations.
15. At 1318, Nurse Allgood records that the midwife, Valerie Smith, has been updated on patient's status and that a biophysical profile has been ordered.
16. At 1319, according to the medical records, Steven Spivey, M.D., ordered a biophysical profile due to decreased variability. It is unclear to what extent Valerie Smith communicated the fetal status to Dr. Spivey.

17. Between 1314 and 1343, the strip shows late decelerations occurring with more than 50% of the contractions.
18. At 1351, Nurse Allgood documents an ultrasound at bedside.
19. Due to apparent loss of contact from 1353 to about 1513 the fetal monitoring strip is uninterpretable.
20. At 1435, the ultrasound results from 1351 are reported. The BPP is recorded as 6/8 due to lack of fetal tone.
21. At 1435, Nurse Allgood records that the CNM (Smith) has been updated on patient's ultrasound and that Dr. Spivey would be contacted.
22. At 1500 hours, the midwife (Smith) notes the biophysical profile of 6/10 and plans to induce labor. She notes that Dr. Spivey is aware and agrees. It is unclear from the record exactly what communication occurred between midwife Valerie Smith and Dr. Spivey..
23. An order is entered for Ms. Wise to be admitted to inpatient OB for induction of labor.
24. The Cartersville Medical Records contain a document entitled "Pre-Oxytocin and Cervical Ripening Checklist" that requires, among other things, 30 minutes of fetal monitoring prior to administering a cervical ripening agent, at least 2 accelerations in 30 minutes or a biophysical profile of 8 out of 10 within the past 4 hours or moderate variability, no late decelerations in the past 30 minutes, and no more than 2 variable decelerations exceeding 60 seconds and decreasing greater than 60 bpm from baseline within the previous 30 minutes prior to starting Oxytocin infusion. There is no record of this assessment being completed. In any case, the requirements were not met here.
25. The decision to induce at this point violated hospital policy according to the requirements listed in the checklist.
26. At 1500 hours, the midwife (Smith) notes that Ms. Wise has been admitted to inpatient status. This is the last entry in the record from midwife Smith.

27. At 1548 the strip is lost in the middle of a deceleration. The strip is indeterminate from that point on. 1548 is the last time the baby is tracing continuously.
28. At 1643, Nurse Allgood reports “difficulty tracing” despite “several positions tried.”
29. Between 1651 and 1748, Nurses Allgood and Sarah Glouse, RN, report trouble and ultimately, an inability to apply the Novii monitor.
30. At 1817, Nurse Allgood reports that Rebecca Evans, CNM (“B. Evans”) is at bedside for an ultrasound.
31. The bedside ultrasound performed by nurse-midwife Evans, shows no fetal heart tones.
32. At 1830, the ultrasound department is called to confirm. A stat hospital ultrasound is ordered.
33. Dr. Spivey is called and begins traveling to the hospital.
34. The hospital ultrasound confirms the absence of fetal cardiac activity.
35. At 1843, Nurse Allgood reports that Dr. Spivey talks to the patient and the family.
36. At 1916, a c-section is ordered to deliver the nonviable infant.
37. At 2002, Cathy Creamer, RN, documents, “Patient up to bathroom. Small amount of what appears to be meconium stained fluid visible on patient’s bed.”
38. At 2021, Lily Wise is delivered, stillborn.
39. Dr. Spivey records a post-operative diagnosis of intrauterine fetal demise at 39 weeks. He notes meconium-stained amniotic fluid and double nuchal cord, which also passed under infant’s right arm.

5.

OPINIONS

Based on my review of these medical records and on my background, training, expertise, knowledge, experience, and familiarity with the degree of care and skill ordinarily employed by physicians, nurse-midwives and labor and delivery nurses when dealing with like conditions and similar circumstances, I am of the opinion that Lily Wise suffered hypoxemia,

metabolic acidemia, and ultimate progression to fetal death due to the negligence of Valerie Smith, CNM; Rebecca Evans, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN; and Cartersville OB/GYN Associates, P.C.

It is my opinion, based on my review of the aforementioned documents and my background, training, expertise, knowledge, experience, and familiarity with the degree of care and skill ordinarily employed by the midwifery and nursing professions, generally, when dealing with like conditions and similar circumstances, that Valerie Smith, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN were negligent and violated the requisite standard of care in that, among other things, they failed to properly assess the fetal heart tracing and unborn Lily's intolerance to uterine activity (Valerie Smith, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN); failed to provide interventions given unborn Lily's fetal heart tracing (Valerie Smith, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN); improperly ordered induction of labor despite the indications of the strip including periods of persistent minimal variability and late decels with more than 50% of contractions as evidenced by a positive contraction stress test (Valerie Smith, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN); may have failed, though the record is unclear, to properly inform the OB of the positive contraction stress test (Valerie Smith, CNM and Harbin Clinic Women's Center Etowah Valley OB/GYN); improperly ordered induction of labor despite not meeting the requirements dictated by hospital policy (Valerie Smith, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN); apparently failed, though the record is unclear, to come to bedside to assess the patient (Valerie Smith, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN); may have failed, though the record is unclear, to properly "hand off" the patient at or around 1500 when CNM Smith makes her last note in the record and, at some point, presumably, nurse-midwife Evans assumes care of the patient if midwife Smith failed to apprise

midwife Evans of fetal status (Valerie Smith, CNM and Harbin Clinic Women's Center Etowah Valley OB/GYN); and failed to ensure delivery of unborn Lily Wise before her death (Valerie Smith, CNM; Harbin Clinic Women's Center Etowah Valley OB/GYN; Rebecca Evans, CNM; and Cartersville OB/GYN). This treatment provided by these providers to Ms. Wise thus fell well below any reasonable standard of care applicable to labor and delivery nurses or nurse-midwives.

I have not expressed all of my opinions on negligence in this affidavit; as I understand Georgia law, I am only required to state one act of negligence for each potential defendant.

All of the opinions I have expressed herein were expressed within a reasonable degree of medical probability.

All of the opinions I have expressed herein constitute my opinions at this time and are based on information which I have been given. I reserve the right to change my opinions if further information is received which impacts on opinions herein given.

I make this affidavit, intending all of the statements made to be truthful and understanding myself to be under oath upon executing it, knowing that it is being executed for the purpose of being attached to and used in support of a medical malpractice complaint as required by Georgia law.

FURTHER AFFIANT SAYETH NOT.

Michelle Collins Ph.D., CNM, FAANM, FAARD, FRTA

MICHELLE RENEE COLLINS, PhD,
CNM

SUBSCRIBED AND SWORN TO BEFORE ME on this the 19 day of June,
2020.

Notary Public, State of ^{ILLINOIS} ~~Georgia~~

Daniel Winston
Notary's Printed Name DANIEL W. WINSTON



My Commission Expires: 9/20/2021
AFFIDAVIT OF MICHELLE RENEE COLLINS, PhD, CNM

EXHIBIT "A"

AFFIDAVIT OF MICHELLE RENEE COLLINS, PhD, CNM

EXHIBIT “A”

CURRICULUM VITAE**MICHELLE RENEE' COLLINS, Ph.D., CNM, RNC-EFM, FACNM, FAAN, FNAP**

PRESENT TITLE: Professor, Associate Dean of Academic Affairs
Rush University College of Nursing
Chicago, IL

HOME ADDRESS: 1255 South Michigan Ave, #1908
Chicago, IL 60605
(615) 300-0813

OFFICE ADDRESS: Rush University College of Nursing
600 S. Paulina, Suite 1080L
Chicago, IL 60612
Telephone: (312) 942-4051
Michelle.collins@rush.edu

LICENSURES: IL RN License #041.231930
IL APN License #209.004506
TN RN License #0000151014
TN APN License #0000011423
MN RN license

CERTIFICATION: American Midwifery Certification Board #23000 (2002), current
American Academy of Pediatrics, Neonatal Resuscitation Program
Instructor, (Expiration 6/2021), current
American Heart Association, Basic Life Support, (Expiration 3/2020), current
Limited Third Trimester OB Ultrasound (2007)
American Society of Colposcopy and Cervical Pathology, Colposcopist (2003), current
National Certification Corporation – Certification in Electronic Fetal Monitoring, (Expiration 12/31/2020), current
Advanced Life Support in Obstetrics (ALSO) Provider 8/2016, current
Advanced Life Support in Obstetrics (ALSO) Instructor 8/2017, current
Centering Pregnancy Provider Certification Workshop, 2008

EDUCATION:

| | | |
|------|---------|---|
| 2012 | PhD | University of TN Health Science Center, Memphis, TN (Nursing) (Dissertation: "The Effect of Progesterone Only Contraception on the Accuracy of Cervical Cytologic Interpretation") |
| 2002 | MSN | Marquette University, Milwaukee, WI Major Nurse-Midwifery, with honors |
| 1986 | BSN | Rockford College, Rockford, IL Cum Laude |
| 1985 | Diploma | St. Anthony School of Nursing, Rockford, IL Diploma of Nursing |

PROFESSIONAL EXPERIENCE

| | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------|------------------------------|------------------------|----------------------|-----------------------|--------------------------------|-----------------------|--------------------------------|-------------------------|-----------------------|---------------------------|--------------------------------|------------------------|--------------------------------|--|
| Dec 2019 – present | University of Illinois Chicago, Nurse-Midwifery Service Per Diem Clinical Position | | | | | | | | | | | | | | | | |
| May 2019 – present | Rush University College of Nursing, Chicago, IL Professor, Associate Dean of Academic Affairs | | | | | | | | | | | | | | | | |
| May 2019 – present | Vanderbilt University School of Nursing, Nashville, TN Adjunct Faculty | | | | | | | | | | | | | | | | |
| August 2012 – May 2019 | Vanderbilt University School of Nursing, Nashville, TN Program Director, Nurse-Midwifery Educational Program | | | | | | | | | | | | | | | | |
| August 2005 - present | <table border="0"> <tr> <td>Vanderbilt University School of Nursing, Nashville, TN</td> <td>May 2019 - present</td> </tr> <tr> <td>Adjunct Professor of Nursing</td> <td>August 2015 – May 2019</td> </tr> <tr> <td>Professor of Nursing</td> <td>July 2012 – July 2015</td> </tr> <tr> <td>Associate Professor of Nursing</td> <td>July 2008 - June 2012</td> </tr> <tr> <td>Assistant Professor of Nursing</td> <td>August 2006 – July 2008</td> </tr> <tr> <td>Instructor of Nursing</td> <td>August 2005 – August 2006</td> </tr> <tr> <td>Instructor of Clinical Nursing</td> <td>August 2005 – May 2019</td> </tr> <tr> <td>Continuous full-scope practice</td> <td></td> </tr> </table> | Vanderbilt University School of Nursing, Nashville, TN | May 2019 - present | Adjunct Professor of Nursing | August 2015 – May 2019 | Professor of Nursing | July 2012 – July 2015 | Associate Professor of Nursing | July 2008 - June 2012 | Assistant Professor of Nursing | August 2006 – July 2008 | Instructor of Nursing | August 2005 – August 2006 | Instructor of Clinical Nursing | August 2005 – May 2019 | Continuous full-scope practice | |
| Vanderbilt University School of Nursing, Nashville, TN | May 2019 - present | | | | | | | | | | | | | | | | |
| Adjunct Professor of Nursing | August 2015 – May 2019 | | | | | | | | | | | | | | | | |
| Professor of Nursing | July 2012 – July 2015 | | | | | | | | | | | | | | | | |
| Associate Professor of Nursing | July 2008 - June 2012 | | | | | | | | | | | | | | | | |
| Assistant Professor of Nursing | August 2006 – July 2008 | | | | | | | | | | | | | | | | |
| Instructor of Nursing | August 2005 – August 2006 | | | | | | | | | | | | | | | | |
| Instructor of Clinical Nursing | August 2005 – May 2019 | | | | | | | | | | | | | | | | |
| Continuous full-scope practice | | | | | | | | | | | | | | | | | |
| Jan 2003 - July 2005 | Heartland Women's Healthcare Certified Nurse-Midwife, full-scope practice Marion, IL | | | | | | | | | | | | | | | | |
| May 2002 - Nov 2002 | Certified Nurse-Midwife (outpatient care only) Office of Arturo Manas M.D. Rockford, IL | | | | | | | | | | | | | | | | |
| Jan 1990 - Dec 2000 | Permanent Charge Labor and Delivery Nurse; Childbirth Educator Swedish American Hospital Rockford, IL | | | | | | | | | | | | | | | | |
| 1995 - 2000 | Office Nurse, Pediatrics and Obstetrics, per diem Brookside Medical Group Clinic Rockford, IL | | | | | | | | | | | | | | | | |
| 1996 -2000 | Perinatal Nurse and Educator, per diem Matria Healthcare Rockford, IL | | | | | | | | | | | | | | | | |
| 1990 - 2002 | Office Nurse, Obstetrics, per diem Offices of J.W. Lenox M.D. and Arturo Manas M.D. Rockford, IL | | | | | | | | | | | | | | | | |
| 1990 - 2000 | Office Nurse, Obstetrics and Pediatrics, per diem Office of L.W. Fernando M.D., E. Shadle M.D., and M.A. Mustafa | | | | | | | | | | | | | | | | |

Collins CV

Rockford, IL

1989 - 1992 Office Nurse, Pediatrics
 Office of E. Baptist M.D.
 Rockford, IL

1985 - 1990 Staff Nurse, Obstetrics (Labor & Delivery, Postpartum, Newborn Nursery)
 St. Anthony Medical Center
 Rockford, IL

1995 - present Legal consultant, independent

COURSES TAUGHT:

N305b Advanced Health Assessment Applications for Nurse-Midwifery
 N327 Women's Health for Advanced Practice Nursing I
 N330 Antepartal Care for Nurse-Midwifery
 N331 Nurse-Midwifery Practicum I
 N334 Skills for Nurse-Midwifery
 N335 Practicum in Intrapartum/Postpartum Nurse-Midwifery Care
 N336 Intrapartum/Postpartum Nurse-Midwifery Care
 N339 Nurse-Midwifery Advanced Clinical Integration Experience
 N399A Scientific Underpinnings for Advanced Nursing Practice
 N399B Conceptualization and Integration of Evidence for Advanced Nursing Practice

HONORS AND AWARDS:

2020 American College of Nurse-Midwives 2020 Distinguished Service Award
 2020 National Academy of Practice, Induction as Distinguished Scholar Fellow
 2018 American College of Nurse-Midwives Immunization Champion 2018 award
 2017 American College of Nurse-Midwives Newton Long Award for Research
 2016 Inducted as a Fellow into the American Academy of Nursing October 22, 2016
 2016 American Society for Colposcopy and Cervical Pathology (ASCCP) Award of Merit
 2015 Rockford College Distinguished Alumni award
 2015 Murland Lectureship Recipient for 2015
 2014 Susan K. Archer Teaching Award, Vanderbilt University School of Nursing
 2014 Vanderbilt University School of Nursing Deans' Media Award
 2014 Inducted as a Fellow of the American College of Nurse-Midwives May 15, 2014
 2013 Recipient of Vanderbilt University Outstanding Advance Practice Nurse of the Year
 2012 Vanderbilt University School of Nursing Deans' Media Award
 2011-2014 Tennessee Simulation in Education Fellow
 2010 American College of Nurse-Midwives (ACNM) Foundation Excellence in Teaching Award
 2010 TN March of Dimes Women's Health Nurse of the Year
 2007 ACNM Foundation Excellence in Teaching Award
 1999 - 2002 Umbilical Cord Blood Donor Advocate for Midwestern United States for the National Marrow Donor Program

RESEARCH:

- 2018 Co-investigator, "Barriers to Initiating or Completing the HPV vaccine series: Perceptions of Hispanic and African American Women of Childbearing Age", Vanderbilt Division of Equity, Diversity, and Inclusion.
- 2014 - present Primary Site Coordinator and co-investigator as partner in the Intrapartum Nitrous Oxide Workgroup (I-NOW), "Perinatal Nitrous Oxide Data Registry" Multi-Center Creation of Data Repository of Nitrous Oxide in Childbirth Users (with Brigham and Women's Hospital, Mount Sinai West Roosevelt Medical Center, University of Colorado, University of New Mexico, University of North Carolina Chapel Hill).
- 2010 Investigator, Agency for Healthcare Research and Quality (AHRQ) Comprehensive EPC Comparative Effectiveness Reviews for Effective Health Care; Nitrous Oxide for Management of Labor Pain, Vanderbilt University Evidence Based Practice Center, Nashville, TN
- 2008 Site coordinator, "Human Papilloma Virus Detection" study, Vine Hill Clinic, Nashville, TN
- 2007 Research assistant, "The Effect of Guided Imagery on the Third Stage of Labor", VUMC, Nashville, TN
- 2005 Co-investigator, "Maternal Opioid Treatment Human Experimental Research (MOTHER) study", Vanderbilt University Medical Center (VUMC), Nashville, TN

GRANTS:

- 2018 Barriers to initiating or completing the HPV vaccine series: Perceptions of Hispanic and African American Women of Childbearing Age; seed grant from Vanderbilt Division of Equity, Diversity, and Inclusion, George Hill, M.D. Vice Chancellor. \$3,473.00, co-investigator with Jana Lauderdale, Ph.D, RN.
- 2017 American College of Nurse-Midwives Newton Long Award for Research, \$1,000.00 monetary award to be utilized for conduct of "Perinatal Nitrous Oxide Data Registry" research aforementioned.
- 2014 Use of Nitrous Oxide During Labor and Birth & Perinatal Outcomes, Development of a US Repository of Nitrous Use; funded grant from Porter Instrument Division, Parker Hannifin Corporation for multi-center (6 sites) study. \$44,100, 3 years funded. Primary site coordinator for Vanderbilt University site; co-investigator for multi-center site. Multiple research questions to be addressed.
- 2014 The Vanderbilt Institute for Digital Learning (VIDL) faculty seed-funding grant to promote development and research in digital learning; co-recipient of grant to research use of Google Glasses as an innovative learning format, \$10,000.00
- 2013 ACNM Community Grant for the Vanderbilt Volunteer Doula Program, \$500.00

PUBLICATIONS:

Collins, M.R. Revised/updated previously written chapter "Pap Test Abnormalities" in *Primary Care: A Collaborative Practice*, 6th edition by Buttar, T.M. et al. Elsevier Publishing, publication (2021).

Collins, M.R. (2020). As member of the American College of Nurse-Midwives Professional Liability Section; Professional Liability Resources Kit American College of Nurse-Midwives.

Collins, M.R. as a member of the Women's Preventative Services Initiative Multidisciplinary Steering Committee; Phipps, M. G., Son, S., Zahn, C., O'Reilly, N., Cantor, A., Frost, J., & Pappas, M. (2019). Women's Preventive Services Initiative's well-woman chart: a summary of preventive health recommendations for women. *Obstetrics & Gynecology*, 134(3), 465-469.

Collins, M.R. & Anderson, J. Nitrous Oxide Analgesia for Labor and Birth: A Guide for Implementation, First Edition. (2018). American College of Nurse-Midwives.

Collins M.R., Association of Women's Health, Obstetric and Neonatal Nurses. (2018). Use of nitrous oxide in maternity care: AWHONN practice brief number 6. *J Obstet Gynecol Neonatal Nurs*. doi: 10.1016/j.jogn.2018.01.009.

Hensley, J. G., **Collins, M.R.**, & Leezer, C. L. (2017). Pain Management in Obstetrics. *Critical Care Nursing Clinics of North America*. 29(4):471-485.

Collins, M.R. (2017), Nitrous Oxide Utility in Labor and Birth: A Multipurpose Modality. *Journal of Perinatal & Neonatal Nursing*. 31(2):137-144, April/June 2017.

Collins, M.R. American College of Nurse-Midwives, Nitrous Oxide for Labor and Birth Analgesia. Revised statement, 2017.

Phillippi, J., Holley, S., Morad, A., & **Collins, M.R.** Share With Women: Vitamin K for Newborns. *Journal of Midwifery & Women's Health*. doi:10.1111/jmwh.12550

De Kleine, M., Habashy, M. R. and **Collins, M. R.** (2016), A Model for Enhancing Midwifery Education With a Global Health Certificate. *Journal of Midwifery & Women's Health*. doi:10.1111/jmwh.12459

Collins, M.R. Revised/updated previously written chapter "Pap Test Abnormalities" in *Primary Care: A Collaborative Practice*, 5th edition by Buttar, T.M. et al. Elsevier Publishing, publication (2017).

Kennedy, B. & Baird, S. (eds). **Collins, M.R.** Module 6 Part 1 *Pain in labor and nonpharmacologic methods of relief* in Intrapartum Management Modules (2017). Lippincott, Williams & Wilkins.

Anderson, B. A., Rooks, J.P., & Barroso, R. (eds). **Collins, M.R.** Chapter 23 *Nitrous Oxide's Place in Labor and Birth* in Best practices in midwifery: Using the evidence to implement change, 2nd ed. (2016). New York, Springer Publishing Co.

Wilbeck, J., **Collins, M.R.**, Reeves, G., & Downes, E. (2016). *Strategies to Enhance Success among Dual Specialty Students in Advanced Practice Nursing Programs*. *Journal of Nursing Education*. 55(8) 463-466. doi: 10.3928/01484834-20160715-08.

Phillippi, J. C., Holley, S. L., Morad, A. and **Collins, M. R.** (2016), Prevention of Vitamin K Deficiency Bleeding. *Journal of Midwifery & Women's Health*. doi:10.1111/jmwh.12470.

Pilkenton, D., **Collins, M. R.** and Holley, S. (2015), Teaching Labor Support: An Interprofessional Simulation. *Journal of Midwifery & Women's Health*, 60: 699-705. doi: 10.1111/jmwh.12373

Collins CV

Collins, M.R. (2015). Is your pregnant client a candidate for “laughing gas” in labor? *Journal for Nurse Practitioners*, 12 (1), e21-22.

Munoz, E.G. & **Collins, M.R.** (2015). Establishing a volunteer doula program within a nurse-midwifery education program: a winning situation for both clients and students. *Journal of Midwifery & Women's Health*, doi: 10.1111/jmwh.12312.

Buxton, M.B., Phillippi, J.C. & **Collins, M.R.** (2015). Simulation: A new approach to teaching ethics in midwifery education. *Journal of Midwifery & Women's Health*, 60 (1), 70-74.

Collins, M.R. (2015). A Case Report on the anxiolytic properties of nitrous oxide during labor. *Journal of Obstetric, Gynecologic and Neonatal Nursing* 44, 87-92.

Moore-Davis, T., Schorn, M., **Collins, M.R.**, Phillippi, J., & Holley, S. (2015). Team-Based Learning for Midwifery Education, *Journal of Midwifery and Women's Health*, 60 (3), 291-297.

Pilkenton, D., **Collins, M.R.** and Holley, S. (2015). Teaching labor support: an intradisciplinary simulation. *Journal of Midwifery & Women's Health*. 2015 Nov-Dec;60(6):699-705. doi: 10.1111/jmwh.12373. Epub 2015 Nov 25.

Collins, M.R., Nitrous oxide for pain relief in labor (2013), *Share with Women in Journal of Midwifery & Women's Health*, 58 (6).

Collins, M.R., Holley, S., Moore-Davis, T., Narrigan, D. and Brucker M. (for 17 & 18). Ch. 16: *Family Planning*, Ch. 17: *Nonhormonal Contraception*, and Ch. 18: *Hormonal Contraception* in Varney's Midwifery, Fifth Edition. (2014). King, T., Brucker, M., Kriebs, J. Fahey, J., Gegor, C. & Varney, H. (Eds.) Jones & Bartlett

Likis FE, Andrews JA, **Collins M.R.**, Lewis RM, Seroogy JJ, Starr SA, Walden RR, McPheeters ML. Nitrous oxide for the management of labor pain: a systematic review. *Anesthesia & Analgesia*, 118 (1) Jan 2014; 153-167.

Collins, M.R. To Dip or Not to Dip: That is the question. *The Journal for Nurse Practitioners* Vol. 9 (8) Sept 2013.

Avery, M. (Ed). **Collins, M.R.** & Dahlgren Roemmich, D.M. Chapter 9, *Water immersion for labor and birth* in Supporting a Physiologic Approach to Pregnancy and Birth: A Practical Guide (2013). Wiley-Blackwell.

Collins, M.R., Starr, SA, Bishop, JT, Baysinger, CL. (2012). Nitrous oxide for labor analgesia: expanding analgesic options for women in the United States. *Reviews in Obstetrics & Gynecology*, 5 (3/4).

Stewart, L. & **Collins, M.R.** (2012). Nitrous Oxide as Labor Analgesia; Clinical Implications for Nurses. *Nursing for Women's Health*, October/Nov 16(5); 398-409.

Collins, M.R. (2012). The Extended Interval Schedule for Prenatal Visits. *The Journal for Nurse Practitioners*, Vol. 8(6); 488-489.

Likis FE, Andrews JA, **Collins M.R.**, Lewis, RM, Seroogy JJ, Starr SA, Walden RR, McPheeters ML. (2012). Nitrous Oxide for the Management of Labor Pain. Comparative Effectiveness Review No. 67. (Prepared by the Vanderbilt Evidence-based Practice Center under Contract No. 290-2007-10065-1.) AHRQ Publication No. 12-EHC071-EF. Rockville, MD: Agency for Healthcare Research and Quality; August 2012. www.effectivehealthcare.ahrq.gov/reports/final.cfm.

Collins, M.R. (2008). Bacterial Vaginosis in the Hospitalized Patient, *Nursing* 2008, December, Vol. 38 (12):22.

Lewis, S. and **Collins, M.R.** (2008), Induction of Vaginal Birth After Cesarean Using Intracervical Foley Bulb. *Journal of Midwifery & Women's Health*, 53(6): 563-566.

PUBLICATIONS (non-refereed)

Collins CV

Collins, M. (2020) What to Expect if you are Expecting during the Pandemic *Womensenews.org*. March 22.
<https://womensenews.org/2020/03/what-to-expect-if-you-are-expecting-in-the-pandemic/>

Collins, M. (2020) Data about maternal mortality can improve health outcomes *The Hill*. March 16.
<https://thehill.com/opinion/healthcare/487807-data-about-maternal-mortality-can-improve-health-outcomes>

Collins, M. (2020) How Midwives Could Improve Maternal Health Outcomes in the U.S. *msmagazine.com*. Feb. 11.
<https://msmagazine.com/2020/02/11/how-midwives-could-improve-maternal-health-outcomes-in-the-u-s/>

Collins, M. (2020) 2020: Entering the Year of the Midwife. *thehealthcareblog.com*. Jan 1.
<https://thehealthcareblog.com/blog/2020/01/01/2020-entering-the-year-of-the-midwife/>.

Collins, M. (2019) Call the Midwife, if you Can, *Womensenews.org*. Sept. 29.
<https://womensenews.org/2019/09/call-the-midwife-if-you-can/>

PROFESSIONAL SERVICE – National:

| | |
|----------------|---|
| 2019 - Present | Nominated member, Perinatal Editorial Board, Journal of Perinatal and Neonatal Nursing |
| 2019 | Nominated member, National Academies of Sciences, Engineering, and Medicine consensus committee on Research Issues in the Assessment of Birth Settings |
| 2018 – Present | Member, American Academy of Nursing Expert Panel Maternal and Infant Health, Birth Settings |
| 2017 – 2018 | Co-chair Assessment Committee, American Society for Colposcopy and Cervical Pathology (ASCCP) |
| 2017 – 2019 | Content expert for Texas Tech University DNP student studying Nitrous Oxide Implementation, Cynthia Rivas |
| 2016 – 2018 | Directors of Midwifery Education (DOME) Midwifery Fellowship Task Force |
| 2016 – Present | Accreditation Commission for Midwifery Education (ACME) Board of Review, Member |
| 2016 – Present | ACNM representative for Women's Preventative Services Initiative (WPSI) HRSA/ACOG Women's Preventative Services Initiative Multidisciplinary Steering Committee |
| 2016 | Content expert for Frontier University DNP student studying Nitrous Oxide Implementation, Marie Herrick |
| 2015 | Content expert for University of Utah DNP student studying Nitrous Oxide Implementation, Kimberly Stuck |
| 2015 – Present | ACNM/ACOG joint interdisciplinary education initiative looking at education of medical students, resident and midwifery students |
| 2015 | ACNM Healthy Birth Initiative: Reducing Primary Cesareans |
| 2014 – 2015 | Education policy section of the Division of Education, American College of Nurse-Midwives, On Duty Guidelines, DOME representative |
| 2014 – 2015 | DNP committee member for Oregon Health Science University DNP student Sarah Futernick |
| 2014 – 2015 | Content expert for University of Utah DNP student studying Nitrous Oxide Implementation, Donica Loveridge |
| 2014 – 2017 | University of Pittsburgh, Advisory Committee for Formation of Nurse-Midwifery Program |
| 2014 – Present | Affiliate Faculty Appointment, Oregon Health & Science University |
| 2014 – Present | American Society for Colposcopy and Cervical Pathology (ASCCP) mentorship Committee |
| 2014 – Present | ACNM Professional Liability Section |
| 2013 – 2014 | DOME Nurse-Midwifery Student Resident Task Force (new task force formed 2016; member of both) |
| 2013 – 2019 | DOME Primary Care in MW Education Task Force |
| 2013 | DOME liaison to Student Issues Section (SIS) of ACNM |
| 2013 | Nominated member of the award selection committee responsible for choosing 2013's recipient of the <i>JMWH</i> Best Review Article Award |
| 2013 – 2014 | Contributor to construction of the ACNM Toolkit for Physiologic Birth in the area of Nitrous Oxide Analgesia program development |
| 2012 | ACNM liaison to ACOG on nitrous oxide labor analgesia |
| 2012 – 2018 | Secretary, Directors of Midwifery Education (DOME) group |
| 2012 | U.S. Dept of Labor, contributor to the National Occupational Information Network (O*NET), Data Collection Program |

Collins CV

2012 – Present U.S. Dept of Health and Human Services HRSA grant reviewer
 2012 ACNM Rapid Reactor Survey Panelist
 2011 – Present ACNM Media Expert
 2007 Representative for ACNM to National Student Nurse's Association Annual meeting
 2007- 2012 American Midwifery Certification Board, Exam Construction Committee (selected)
 2007 – Present American Society for Colposcopy and Cervical Pathology (ASCCP), colposcopy mentor
 2007 – 2008 ACNM, National Nitrous Working Group
 2002 – Present ACNM, member
 2002 - Present Sigma Theta Tau International, Delta Gamma Chapter, # 0387941, inducted

PROFESSIONAL SERVICE - State:

2015 TN Dept of Health Statewide Work Group to develop strategies and implement actions to address preterm births and infant mortality in TN
 2012 ACNM Annual Meeting Local Planning Committee
 2008 Middle TN Advance Practice Nurses' Association, member
 2005 - Present ACNM TN Chapter (Region 3, Chapter 6), member
 Chapter Public Relations representative (2007-2009)
 Vice President of Affiliate (2012 - 2015)

PROFESSIONAL SERVICE - Vanderbilt University:

2018 Member, Workload Taskforce
 2018 Member, Search Committee, Women's Health Nurse Practitioner faculty
 2017 Appointed representative for School of Nursing COACHE faculty survey project
 2016 – 2017 Chair, Non-Tenure Track Promotion Committee
 2016 – 2019 Member faculty practice nurse-midwifery interview committee
 2016 - 2017 Member, Search Committee for Nurse-Midwifery Faculty
 2016 - 2017 Member, Search Committee for Senior Associate Dean for Research
 2015 - 2016 Chair, Search Committee Family Nurse Practitioner Program Director
 2016 – 2018 Clinical Placement Task force
 2015 – 2018 Department Education Coordinator Work Redesign Task Force
 2015 – 2017 CCNE VUSON Task Force
 2014 – 2019 Teach the VUMC new nurse residents
 2013 - 2015 Sigma Theta Tau Iota Chapter Board member, counselor
 2013 Sigma Theta Tau VUSN 60th Anniversary Planning Committee
 2013 - 2019 Umbilical Cord Blood Donation Program, VUMC, Leader
 2013 - 2019 Vanderbilt (Nashville) Volunteer Doula Program, Administrative leader
 2013 – 2014 Clinical Practice Guidelines Committee, Nurse-Midwifery Faculty Practice, member
 2012 – 2019 Non-Tenure Track Promotion Committee, member (Chair, 2016-2017)
 2011 Clinical Log Replacement Search Committee, member
 2009 – 2012 Nitrous Working Group VUMC, Nashville, TN, Leader
 2008 – 2019 Vanderbilt University School of Nursing Faculty Nurse-Midwifery practice, Nashville, TN, Public Relations Representative
 2007 – 2019 Advanced Practice Nursing Leadership Council at VUMC, Nashville, TN, member
 2007 – Present American Society for Colposcopy and Cervical Pathology (ASCCP), colposcopy mentored numerous practitioners through formal colposcopy mentorship program
 2007 Umbilical Cord Blood Task Force, VUMC, Nashville, TN, member
 2005 - 2007 Labor and Delivery Task Force, VUMC, Nashville, TN, member

PROFESSIONAL SERVICE – Rush University College of Nursing:

2019 Representative for nurse-midwifery, Advance Practice Executive Committee

COMMUNITY VOLUNTEER SERVICE:

2015 – 2019 A Step Ahead Foundation of Middle Tennessee, Medical Advisory Board Committee member
 2015 – 2019 Tennessee APRN Committee representing midwifery
 2013 March of Dimes Maternal Child Health Conference, committee member
 2012 – 2019 Attending CNM at Shade Tree Community Clinic, student run health center
 2010 Women's Health Day Event, Franklin Road Women's Center, Nashville, TN, committee member
 2009 Women's Health Day Event, Vine Hill Community Clinic, Nashville, TN, organizer and committee member

INVITED REVIEWS:

2016 *Evidence-Based Sexual and Reproductive Health*, First Edition, Jones & Bartlett
 2015 *Prenatal and Postnatal Care: A Woman-Centered Approach*, First Edition by Jordan, Engstrom, Marfell & Farley, Wiley Blackwell Publishers.
 2013 *Women's Gynecologic Health*, Second Edition by Schuiling & Likis, Jones & Bartlett Publishing.
 2013 *The Labor Progress Handbook* Third Edition by Simkin & Ancheta, Wiley Blackwell Publishers.
 2012 "Breastfeeding" information for the consumer, National Women's Health Resource Center, <http://www.healthywomen.org/condition/breastfeeding>
 2012 Contributing editor for the chapter "Pap Smear Abnormalities" in *Primary Care: A Collaborative Practice*, 4th edition by Buttaro, T.M. et al. Elsevier Publishing, publication 2012.
 2011 Chapters "Relationships", "Women at Risk", "Preconception Care" and "Fertility Control and Contraception" in *Comprehensive Women's Health Care* by Alexander, Hood, and Johnson- Mallard, Elsevier Publishing.
 2009 Chapters "Recognizing Signs of Pregnancy", "Common Pregnancy Symptoms" and "Postpartum" in *Comprehensive Women's Health Care* by Alexander, Hood, and Johnson- Mallard, Elsevier Publishing.
 2009 Oxford Handbook of Midwifery, Oxford University Press, published 2009.
 2009 A Nurse's Guide to Presenting and Publishing: Dare to Share. *Journal of Midwifery & Women's Health*.54:e45.

EDITORIAL REVIEW:

2019 – Present Journal of Perinatal and Neonatal Nursing, reviewer
 2014 International Journal of Health Policy and Management
 2011 - Present Journal of Midwifery & Women's Health, reviewer appointment

POSTER PRESENTATIONS:

2018 "Good Night Baby! A Look at Co-sleeping in the Era of the Back to Sleep Movement in the United States". Tennessee Nurse's Association annual meeting, Murfreesboro, TN. October 27, 2018
 2018 Collins, M. "Helping Women Get a Step Ahead: A Unique Community Pregnancy Prevention Program", presented at Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) Annual Meeting, Tampa, FL., June 24, 2018.
 2018 "Formation of a Multi-institutional Data Registry: Process and Pitfalls" co-presenter with Nodine, P, Harker, E, Anderson, JA, Collins, MR, Orlando, B, Leeman, L, Gopman, S, Stein, D, & Wood, C. 30th Annual Rocky

Collins CV

Mountain Interprofessional Research and Evidence-Based Practice Symposium. Denver, CO. Apr. 5-6, 2018

- 2014 "A Win-Win for All: A Nurse-Midwifery Student Run Model for A Volunteer Doula Program" co-presenter with Elizabeth Munoz MSN, CNM, Amanda Becerra BA, SNM, and Eliza Harper BA, SNM. Presented at the 59th Annual Meeting of the American College of Nurse-Midwives, Denver, CO
- 2014 "Teaching Labor Support: An Interdisciplinary Simulation" co-presenter with Deanna Pilkenton MSN, CNM and Sharon Holley MSN, CNM. Presented at the 59th Annual Meeting of the American College of Nurse-Midwives, Denver, CO
- 2014 "Strategies to Enhance Success Among Advance Practice Nursing Programs" co-presenter with Jennifer Wilbeck DNP, PRN, CEN. Presented at National Organization of Nurse Practitioner Faculties (NONPF), Denver CO
- 2013 "Maternal Childbirth Satisfaction Within the Context of Obligate Midwifery" co-presenter with Nicole Mercer RN, CNM Presented at the 58th Annual Meeting of the American College of Nurse-Midwives, Nashville, TN
- 2012 "Nitrous Oxide for the Management of Labor Pain" Frances E. Likis, DrPH, NP, CNM; Michelle R. Collins, PhD, CNM, RNC; Sarah A. Starr, MD; Jeffrey Andrews, MD, FRCSC Presented at the 57th Annual Meeting of the American College of Nurse-Midwives, Long Beach, CA
- 2011 "Risk Factors for the Development of Atypical Glandular Cells of the Cervix" Southern Nursing Research Society, Annual Meeting, Santa Rosa Beach, FL
- 2011 "Risk Factors for the Development of Atypical Glandular Cells of the Cervix" University of TN Health Science Center, Graduate Research Day, Memphis, TN

INTERNATIONAL PRESENTATIONS:

- 2018 Collins, M. "Nitrous Oxide for Labor and Childbirth" presented at the 20th National Congress of Asociación de Ginecología y Obstetricia de Costa Rica (Association of Gynecology and Obstetrics of Costa Rica) June 1, 2018.
- 2018 Collins, M. and the Intrapartum Nitrous Oxide Workgroup (I-NOW). "Nitrous Oxide: Best Kept Secret in Europe that the United States is Now Discovering". 13th Annual International Labor and Birth Research Conference, Ann Arbor, MI. June 25-27, 2018.
- 2018 Collins, M. "Good Night Baby! A Look at Co-sleeping in the Era of the Back to Sleep Movement in the United States". 13th Annual International Labor and Birth Research Conference, Ann Arbor, MI. June 25-27, 2018.

NATIONAL PRESENTATIONS:

- 2020 Collins, M., Jessup, D., Trego, L., Cheney, M., Gordon, W., and Alliman, J. "The National Academy of Sciences

Collins CV

Engineering and Medicine Consensus Study: Assessing Health Outcomes by Birth Settings” presented at American College of Nurse-Midwives Annual Meeting, Virtual due to COVID pandemic, May 29, 2020.

- 2020 Collins, M.. “Co-sleeping Confusion: Are Families Best Served by Current Practice?” presented at American College of Nurse-Midwives Annual Meeting, Virtual due to COVID pandemic, June 1, 2020.
- 2019 Collins, M. “Pain and Suffering in Labor and Birth; Pharmacologic and Non-Pharmacologic Approaches”, presented at Association of Women’s Health Obstetric and Neonatal Nurses (AWHONN) Annual Meeting, Atlanta, GA. June 8, 2019.
- 2019 Collins, M., Nodine, P., and Anderson, J. “How to Teach Students the Art of Breaking Bad News; Creating A Simulation for Midwifery Students”, presented at American College of Nurse-Midwives Annual Meeting, Washington, DC. May 20, 2019.
- 2019 Collins, M., Nodine, P., and Anderson, J. “Women Want Choices in Childbirth: Why and How to Advocate for the Use of Nitrous Oxide”, presented at American College of Nurse-Midwives Annual Meeting, Washington, DC. May 20, 2019.
- 2019 Collins, M. “Nitrous Oxide Utility in Labor and Birth”, presented at American College of Obstetricians and Gynecologists AL/MS Section Annual Meeting, Destin, FL. May 12, 2019.
- 2019 Collins, M. “Midwives and Obstetricians Working Together for Maternity Care Reform in the US”, presented at American College of Obstetricians and Gynecologists AL/MS Section Annual Meeting, Destin, FL. May 12, 2019.
- 2018 Collins, M. “What Happens When a Lawsuit Goes to Trial”, 4-hour workshop, presented at American College of Nurse-Midwives Annual Meeting, Savannah, GA. May 20, 2018.
- 2018 Collins, M., E. Cloyd, K. Silverstein. “Who’s Caring for the Midwife? Compassion and Caregiver Fatigue in the Setting of Secondary Traumatic Stress”, presented at American College of Nurse-Midwives Annual Meeting, Savannah, GA. May 20, 2018.
- 2018 Collins, M. and Moore-Davis, T. “Teaching the Art of Breaking Bad News”, presented at American College of Nurse-Midwives Annual Meeting, Savannah, GA. May 20, 2018.
- 2018 Collins, M. “Let’s Talk about Vaccines!”, Panel Member for education session, presented at American College of Nurse-Midwives Annual Meeting, Savannah, GA. May 21, 2018.
- 2018 Collins, M. “Back, Boxes, Beside Mom: Infant Sleeping Conundrums”, presented at American College of Nurse-Midwives Annual Meeting, Savannah, GA. May 22, 2018.
- 2018 Collins, M. “Formation of a multi-institutional data registry: Process and pitfalls” co-presenter with Nodine, P, Harker, E, Anderson, JA, Collins, MR, Orlando, B, Leeman, L, Gopman, S, Stein, D, & Wood, C. 30th Annual Rocky Mountain Interprofessional Research and Evidence-Based Practice Symposium. Denver, CO.
- 2018 Collins, M. “Nitrous Oxide Use for Childbirth” presented via webinar to the TriService Nursing Research Program and Anesthesia and Military Women’s Health Research Interest Group. Apr. 3, 2018

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- 2018 Collins, M. "No Laughing Matter: Nitrous Oxide for Labor Analgesia" presented at the Association of Women's Health Obstetric and Neonatal Nurses CA State Annual Conference. Anaheim, CA. Feb.24, 2018
- 2018 Collins, M. "Co-sleeping Confusion: What Our Patients are Hearing and Doing" presented at the Association of Women's Health Obstetric and Neonatal Nurses CA State Annual Conference. Anaheim, CA. Feb.24, 2018
- 2017 Collins, M. "Nitrous Oxide: Rise in Popularity of a Novel Analgesic Modality for Childbirth" presented at the OBGYN 12th Annual Curcio Conference at Pinnacle Health Medical Center, Harrisburg, PA. Oct. 26, 2017.
- 2017 Collins, M. "Pain and Suffering in Labor and Birth; Pharmacologic and Non-Pharmacologic Approaches" presented at the Association of Women's Health Obstetric and Neonatal Nurses Annual Meeting, New Orleans, LA. June 24, 2017.
- 2017 Collins, M. and Anderson, J. representing the Perinatal Nitrous Oxide Work Group (PNOWG) "Development of Multisite National data Repository on the Use of Nitrous Oxide in Labor and Birth: Process, Pitfalls and Path for the Future" presented at American College of Nurse-Midwives Annual Meeting, Chicago, IL. May 24, 2017.
- 2017 Collins, M. "A Step Ahead; Developing a Unique LARC Community Program" presented at American College of Nurse-Midwives Annual Meeting, Chicago, IL. May 23, 2017.
- 2016 Collins, M. "Hydrotherapy: Mystery, Myths and Minutiae". Presented at the 10th annual Elizabeth Cooper Midwifery Lecture, Rochester, NY, University of Rochester Medical Center, October 13, 2016.
- 2016 Collins, M. "Co-sleeping Confusion: What Our Patients are Hearing and Doing". Presented at the 10th annual Elizabeth Cooper Midwifery Lecture, Rochester, NY, University of Rochester Medical Center, October 13, 2016.
- 2016 Collins, M. "Gas and Air: The Utility of Nitrous Oxide for Labor and Birth" Presented at the 10th annual Elizabeth Cooper Midwifery Lecture, Rochester, NY, University of Rochester Medical Center, October 13, 2016.
- 2016 Collins, M. "Laughing through Labor? The Utility of Nitrous Oxide in Labor and Birth" Presented at the 2016 Oregon AWHONN Fall Conference, Silverton, OR Sept 26, 2016.
- 2016 Collins, M. "What Women Want in Birth and Why We Should Listen to Them" Presented at the 19th National Mother Baby Nurses Conference, National Association of Neonatal Nurses, Nashville, TN Sept 8, 2016.
- 2016 Phillippi, J., Holley, S., Collins, M., Moore-Davis, T. & Hughlett, L. "Beyond the Google Glass: Innovative Approaches to Teaching Intrapartum Skills" Presented at American College of Nurse-Midwives Annual Meeting in Albuquerque, NM May 23, 2016.
- 2016 Collins, M. & Alspaugh, A. "After the Pap: Midwives Screening, Diagnosing, and Treating Cervical Dysplasia" Presented at American College of Nurse-Midwives Annual Meeting in Albuquerque, NM May 26, 2016.
- 2016 Collins, M. & Waxman, A. "ASCCP: Educating the Educator II" Presented at American College of Nurse-Midwives Annual Meeting in Albuquerque, NM May 21, 2016.
- 2016 Collins, M. & McKenna, J. "Navigating the Co-Sleeping Relationship in an Anti-Co-Sleeping Environment" Presented at American College of Nurse-Midwives Annual Meeting in Albuquerque, NM May 24, 2016.

Collins CV

- 2015 Collins, M. (Sept 2015). "Nitrous Oxide for Use in Labor and Birth" Presented at the 2015 Lamaze Joint ICEA/Lamaze Conference. Las Vegas, NV
- 2015 Holley, S., Morad, A., Collins, M., & Phillippi, J. (June 2015). "Hemorrhagic Disease of the Newborn: Case Study in Effective Interdisciplinary Response to the Resurgence of a Preventable Disease" Presented at the 60th Annual Meeting of the American College of Nurse-Midwives, Washington, D.C.
- 2015 Collins, M. (June, 2015). Faculty presenter in Preceptor Preparation Workshop. Presented at the 60th Annual Meeting of the American College of Nurse-Midwives, Washington, D.C.
- 2015 Collins, M. & Munoz, E. (June, 2015). "A Winning Proposition: Establishing a Volunteer Doula Program within a Nurse-Midwifery Education Program" Presented at the 60th Annual Meeting of the American College of Nurse-Midwives, Washington, D.C.
- 2015 Collins, M. (June 16, 2015). "Lead a Nitrous Initiative at your Institution? Yes you can!" Association of women's Health Obstetrical and Neonatal Nurses Annual Meeting, Long Beach, CA.
- 2014 Pilkenton, D., Collins, M.R., & Holley, S. (October 23, 2014). "Interdisciplinary Simulation on Labor Support Therapeutic Use of Self and Effective Communication" 9th Annual National League of Nursing/Elsevier Technology Conference, Nashville, TN
- 2014 Collins, M. "We're All on the Same Team; Integrating Doula Support into Patient Care" Presented at Contemporary Forums Obstetrical Nursing Conference, San Francisco, CA
- 2014 Collins, M. "Water Immersion for Labor and Birth" Presented at Contemporary Forums Obstetrical Nursing Conference, San Francisco, CA
- 2014 Collins, M. "Laughing and Labor and Birth – REALLY? Nitrous Oxide as Labor Analgesia" Presented at Contemporary Forums Obstetrical Nursing Conference, San Francisco, CA
- 2013 Collins, M. "Laughing Through Labor? The Resurgence of Nitrous Oxide As a Labor Analgesic" Presented at the Annual Meeting of the Association of Women's Health Obstetric and Neonatal Nurses, Nashville, TN
- 2013 Collins, M. "The Use of Simulation to Teach Ethics in Midwifery Education" Presented at the 58th Annual Meeting of the American College of Nurse-Midwives, Nashville, TN
- 2013 Collins, M. "Skills Update and Review for Students, New Grads to Experienced Midwives" Presented at the 58th Annual Meeting of the American College of Nurse-Midwives, Nashville, TN
- 2013 Collins, M. "No Laughing Matter; Nitrous Oxide is Making its Way into Births in the United States" Presented at the 58th Annual Meeting of the American College of Nurse-Midwives, Nashville, TN
- 2012 Collins, M. "The Use of Water Immersion for Labor and Birth" Webinar for the National Health Service Corps
- 2012 Collins, M. "Teaching Ethics Through Simulation: A Novel Approach" Fifth Annual TN Simulation Alliance Conference
- 2012 Collins, M. "Nitrous Oxide use in the US: Laughing through Labor?" Webinar for the National Health Service Corps

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- 2012 Collins, M. "Vaginal Dryness" Presented at Women's Health Conference, Symposia Medicus, Las Vegas, NV
- 2012 Collins, M. "Urinary Tract Infections" Presented at Women's Health Conference, Symposia Medicus, Las Vegas, NV
- 2012 Collins, M. "Nitrous Oxide for Labor Analgesia: American Debut" Presented at Obstetrical Grand Rounds at University of North Carolina Chapel Hill, NC
- 2012 Collins, M. "Back to Basics: Hydrotherapy for Labor and Birth" Presented at the 57th Annual Meeting of the American College of Nurse-Midwives, Long Beach, CA
- 2012 Collins, M. "Gas and Air": The Debut of Nitrous Oxide in the US" Presented at the 57th Annual Meeting of the American College of Nurse-Midwives, Long Beach, CA
- 2012 Collins, M. "Student Nurse-Midwife, New Grad Skills Update and Review" Presented at the 57th Annual Meeting of the American College of Nurse-Midwives, Long Beach, CA
- 2011 Collins, M. "Midwifery as a Profession" Presented at the Annual Meeting of National Student Nurses Association, representing the American College of Nurse-Midwives, Memphis, TN
- 2011 Collins, M. "The Addition of Colposcopy and LEEP Skills to your Midwifery Tool Bag" Presented at the 56th Annual Meeting of the American College of Nurse-Midwives, San Antonio, TX
- 2011 Collins, M. "Nitrous Oxide for Labor Analgesia in the U.S.: Making Progress!" Presented at the 56th Annual Meeting of the American College of Nurse-Midwives, San Antonio, TX
- 2010 Collins, M. "Nitrous Oxide for Labor Analgesia; Past, Present and Future" Presented at Vanderbilt School of Medicine Annual High Risk Obstetrics Conference, Nashville, TN
- 2010 Collins, M. "Hydrotherapy for Labor and Birth" Annual Meeting of the Association of Women's Health Obstetric and Neonatal Nurses Las Vegas, NV
- 2010 Collins, M. "Adding Colposcopy/LEEP skills to Your Midwifery Skill Set" Presented at the 55th Annual Meeting of the American College of Nurse-Midwives, Washington, D.C.
- 2009 Collins, M. "Water Immersion for Labor" Presented at Vanderbilt School of Medicine Annual High Risk Obstetrics Conference, Nashville, TN
- 2009 Collins, M. "Want to be a Teacher When You Grow Up? Incorporating Academia into your Midwifery Career" Presented at the 54th Annual Meeting of the American College of Nurse-Midwives, Seattle, WA
- 2009 Collins, M. "Textbook Teaching in sDotcom World: Technology in Teaching" Presented at the 54th Annual Meeting of the American College of Nurse-Midwives, Seattle, WA
- 2008 Collins, M. "The Family in Crisis; Opioid addiction and the Childbearing Family", National Meeting of the American College of Nurse Practitioners, Nashville, TN
- 2008 Collins, M. "Opioid Addiction and Pregnancy" Presented at the 53rd Annual Meeting of the American College of Nurse-Midwives, Boston, MA

REGIONAL PRESENTATIONS:

- 2020 Collins, M. "Nitrous Oxide: the New Kid on the Block of Obstetric Pain Relief" (February 25, 2020). Rush System Nursing Research/Evidence-Based Practice Symposium, Naperville, IL.
- 2019 Collins, M. "Co-sleeping, Sigma, and Scholarship... What's the Link?" (November 4, 2019). Sigma Theta Tau Gamma Phi Chapter Induction, Rush University, Chicago, IL.
- 2019 Collins, M. "Gas and Air; the Utility of Nitrous Oxide in Childbirth". (October 16, 2019). Grand Rounds, North Shore Hospital, Evanston, IL.
- 2019 Collins, M. "Use of Nitrous Oxide in Labor". (June 17, 2019). CA Perinatal Advisory Council: Leadership, Advocacy, Consultation (PAC/LAC conference *Quality of Life for Families XXIII: Improving Care for Patients Across Generations and Cultures*. Los Angeles, CA.
- 2019 Collins, M. "Gas and Air: The Utility of Nitrous Oxide in Childbirth". (June 11, 2019). Clinical Grand Rounds, Rush University College of Nursing. Chicago, IL.
- 2018 Collins, M. "The Utility of Nitrous Oxide in Childbirth". (November 13, 2018). Perinatal Leadership Summit, Dignity Health, San Diego, CA.
- 2018 Collins, M. "What's Old is New again; The Use of Nitrous Oxide for Childbirth". November 1, 2018). Grand Rounds, Brown University; Kent Hospital, Memorial Hospital of RI, Women & Infants Hospital.
- 2018 Collins, M. "A Step Ahead: Developing a Unique LARC Community Program". (October 27, 2018). Tennessee Nurse's Association annual conference, Murfreesboro, TN.
- 2018 Collins, M. "The Utility of Nitrous Oxide in Childbirth". (Oct 24, 2018). Community Hospital of Munster, IN.
- 2018 Collins, M. "Nursing and Nurse-Midwifery as a Career" (March 5, 2018). Stewart's Creek High School HOSA Chapter Health Professions Day. Smyrna, TN.
- 2017 Collins, M. "Nitrous Oxide Use for Labor and Birth" (February 1, 2018). Tennova St Mary's Hospital, Knoxville, TN.
- 2017 Collins, M. "Helping Women of Tennessee Get A Step Ahead; A Unique Community Pregnancy Prevention Program" (September 17, 2017). Tennessee Nurse's Association annual meeting, Murfreesboro, TN.
- 2017 Collins, M. "Growing Nurses and Nurse-Midwives Together; An Intradisciplinary Labor Simulation" (August 9, 2017). HPSN Southern Regional SimDay, University of South Alabama, Mobile, AL.
- 2017 Collins, M. "Nitrous Oxide Use in Childbirth: A Modality Gaining in Popularity" (June 29, 2017). Baystate Medical Center, Springfield, MA.
- 2017 Collins, M. Invited panelist for movie screening *Why not Home?* (March 26, 2017) Through Nashville Birth Collective, Nashville, TN.
- 2017 Collins, M. "Utility of Nitrous Oxide for Labor and Birth" (January 18, 2017). Maury Regional Medical Center, Columbia, TN
- 2016 Collins, M. "Are Women Laughing Through Labor? Nitrous Oxide Utility in Labor and Birth" (November 14, 2016).

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Carbondale Memorial Hospital, Carbondale, IL.

- 2016 Collins, M. "Nitrous Oxide Use in Labor and Birth" (June 7, 2016). 29th Annual Kentucky Perinatal Association Education Conference
- 2016 Collins, M. "Nitrous Oxide for Use in Labor and Birth", (March 9, 2016). Regional Hospital, New York City, New York
- 2016 Collins, M. "Nitrous Oxide for Use in Labor and Birth", (March 8, 2016). Mount Sinai Medical Center Grand Rounds, New York City, New York
- 2015 Collins, M. "Nitrous Oxide for Use in Labor and Birth", (November 13, 2015). 19th Annual Perinatal Conference, Mercy St. Vincent Medical Center, Toledo, OH
- 2015 Collins, M. "Gas and Air: The Utility of Nitrous Oxide in Labor and Birth", (November 11, 2015). Cedars-Sinai Medical Center, Grand Rounds, Los Angeles, CA
- 2015 Collins, M. "Evidenced Based Practice in Obstetrics", (October 1, 2015). University of Michigan School of Nursing, Nurse-Midwifery students, Ann Arbor, MI
- 2015 Collins, M. "Gas and Air: The Utility of Nitrous Oxide for Labor and Birth", (October 1, 2015). University of Michigan, Murland Conference/Grand Rounds, Ann Arbor, MI
- 2015 Collins, M. "Nitrous Oxide for Use in Labor and Birth", (August 26, 2015) Crusader Clinic Health Organization, Rockford, IL
- 2015 Collins, M. "Nitrous Oxide for Use in Labor and Birth", (August 17, 2015) University of Minnesota, Grand Rounds, Minneapolis, MN
- 2015 Collins, M. "Nitrous Oxide in Obstetrics", (June 10, 2015) University of Utah, Grand Rounds, Salt Lake City, UT
- 2015 Collins, M. "Nitrous Oxide as Labor Analgesia", (April 3, 2015) Saint Anthony Medical Center, Rockford, IL
- 2015 Collins, M. "Nitrous Oxide as Labor Analgesia", (April 2, 2015) Swedish American Health System, Rockford, IL
- 2015 Collins, M. "Initiating a Nitrous Oxide Service", (April 2, 2015) Middle Tennessee Women's Health Group, Columbia, TN
- 2014 Pilkenton, D., Collins, M.R., & Holley, S. (November 1, 2014). "Teaching Labor Support: An Intradisciplinary Simulation". Sigma Theta Tau International 2014 Region 8 Conference, Murfreesboro, TN
- 2014 Collins, M. "Nitrous Oxide in Obstetrics", Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN), State Meeting, Cape Cod, MA
- 2014 Collins, M. "What Women Want in Labor and Birth and Why We should Listen to Them", Vanderbilt University Nursing Grand Rounds, Nashville, TN
- 2014 Collins, M. "The Resurgence of Nitrous Oxide as a Labor Analgesic", University of South Florida Grand Rounds, USF Medical School, Tampa, FL
- 2014 Collins, M. "Use of Nitrous Oxide for Labor and Birth", Knoxville Birth Network, Knoxville, TN

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- 2013 Collins, M. "Interdisciplinary Simulation on Labor Support: Therapeutic Use of Self and the Value of Teamwork", 6th Annual Tennessee Simulation Alliance Conference. Nashville, TN
- 2013 Collins, M. "Innovation: Pain Management Strategies in Labor and Birth", Nursing Grand Rounds, Vanderbilt University "Listening to Women; About Birth" Middle Tennessee APN Network
- 2012 Collins, M. "What Women Want in Birth (and Why We Should Listen to Them)" Tennessee March of Dimes Learning for Babies Conference, Franklin, TN
- 2012 Collins, M. "Gas and Air; Debut of Nitrous Oxide in the US" Continuing Nursing Education Rounds, VUMC OBGyn, Nashville, TN
- 2012 Collins, M. Panelist for talk back panel for premier of Call the Midwife
- 2012 Collins, M. "Use of Nitrous Oxide for Labor" University of North Carolina Chapel Hill Medical Grand Rounds, Chapel Hill, NC
- 2011 Collins, M. "Nitrous Oxide for Labor Analgesia" Vanderbilt University Medical Grand Rounds, Nashville, TN
- 2010 Collins, M. "Midwifery: Ancient Art of Serving Women" Vanderbilt University School of Medicine Women's Health Week Lecture, Nashville, TN
- 2010 Collins, M. "Adding Colposcopy/LEEP skills to your APN Skill Set" State of TN Breast and Cervical Cancer Program, Regional Meeting, Nashville, TN
- 2010 Collins, M. "Complementary Methods for the Induction of Labor" Vanderbilt School of Nursing, Nurse-Midwifery Practice, Nashville, TN
- 2009 Collins, M. "Nutrition in Pregnancy" Vanderbilt School of Nursing, Nurse Midwifery Practice, Nashville, TN
- 2009 Collins, M. "Abnormal Cervical Cancer Screening Results and Follow Up" Vanderbilt School of Nursing, Nurse-Midwifery Practice, Nashville, TN
- 2005 Collins, M. "Effect of Labor Medication on Breastfeeding" Southern IL Regional Breastfeeding Task Force Meeting, Carbondale, IL
- 2004 Collins, M. "A Day in the Life of a Nurse-Midwife" Southern IL Teen Conference, Carbondale, IL
- 2003 Collins, M. "Sexually Transmitted Infections and the Newly Single Woman" Southern IL Women's Conference, Carbondale, IL

MEDIA:

- 2020 – present Weekly blogger for National Public Broadcasting System (PBS) episodes of "Call the Midwife"
- 2019 Not Funny: Midwife Slapped With \$4,836 Bill For Laughing Gas During Her Labor. USA Today. <https://www.usatoday.com/story/money/2019/06/12/labor-midwife-slapped-4-836-bill-laughing-gas-during-birth/1430755001/> June 12.
- 2019 Not Funny: Midwife Slapped With \$4,836 Bill For Laughing Gas During Her Labor. Kaiser Health News. <https://khn.org/news/not-funny-midwife-slapped-with-4836-bill-for-laughing-gas-during-her-labor/> May 28.
- 2019 Considering a Home Birth? Here's What You Need to Know. Healthy Women.

- <https://www.healthwomen.org/content/article/considering-home-birth-heres-what-you-need-know>. April 30.
- 2018 Do You Need a Midwife? Top questions and answers about midwife-assisted delivery. ParentMap. <https://www.parentmap.com/article/pregnancy-labor-need-midwife-faq>. June 26.
- 2018 Laughing gas makes a comeback in the delivery room as another tool to manage labor pain. World-Herald Omaha. http://www.omaha.com/livewellnebraska/plus/laughing-gas-makes-a-comeback-in-the-delivery-room-as/article_f0e3ed6e-06c3-5e99-acfe-7a6604830c37.html. April 24.
- 2018 Laughing gas and labor is this the pain relief option for you? Parents. <https://www.parents.com/pregnancy/giving-birth/pain-relief/laughing-gas-and-labor-is-this-pain-relief-option-right-for-you/>, March 2.
- 2017 Memorial Herman's Pilot Program re-introduces the perks of laughing gas to expecting mothers, Houston Chronicle, <http://www.houstonchronicle.com/news/houston-texas/houston/article/Memorial-Hermann-s-pilot-program-re-introduces-12402503.php>, December 3.
- 2017 Waterbirth Legionnaires' cases among newborns raise questions about water births, CNN Health, <http://www.cnn.com/2017/06/20/health/water-birth-legionnaires-disease/index.html>, June 20.
- 2017 Why I Used Laughing Gas to Ease My Labor Pain, Cosmopolitan, <http://www.cosmopolitan.com/health-fitness/a9654220/why-i-used-laughing-gas-to-ease-my-labor-pain/>, May 18.
- 2017 Natural Way: Midwife Aided, Mother Approved, <https://www.theadvertiser.com/editorial/Article.aspx?id=97066>, May 12.
- 2016 Hospitals Offering Laughing Gas For Women in Labor, <http://www.popsugar.com/moms/Hospitals-Offering-Laughing-Gas-Women-Labor-42714114>, November 15.
- 2016 Women Are Using Laughing Gas To Take The Edge Off Childbirth Pains https://www.buzzfeed.com/carolinekee/laughing-gas-for-all-the-labor-pains?utm_term=.reJBwnqgIM#gsBr9K1ME7. November 13.
- 2016 NPR, Laughing gas gives women another option to manage labor pain, <http://www.npr.org/sections/health-shots/2016/11/07/500273361/laughing-gas-gives-women-another-option-to-manage-labor-pain>. November 7
- 2015 Minnesota Star Tribune, Minnesota hospitals and birth centers are bringing back laughing gas, <http://www.startribune.com/minnesota-hospitals-and-birth-centers-are-bringing-back-laughing-gas/306564301/>
- 2014 Web MD 'Water Birth' Baby Dies of Legionnaires Disease. <http://www.webmd.com/parenting/baby/news/20141217/texas-infant-dies-of-legionnaires-disease-after-water-birth>
- 2014 Fox News. Induction 101: What every pregnant woman should know. <http://www.foxnews.com/health/2014/10/05/induction-101-what-every-pregnant-woman-should-know/>
- 2014 The Atlantic.com. Using laughing gas to relieve the pain of labor. <http://www.theatlantic.com/health/archive/2014/07/using-laughing-gas-to-relieve-the-pain-of-childbirth/374124/>
- 2014 FoxNews.com, Laughing gas for childbirth: The new way to have a pain-free labor? <http://www.foxnews.com/health/2014/06/15/laughing-gas-for-childbirth-new-way-to-have-pain-free-labor/>
- 2014 Richmond Times Dispatch, Birthing Women Offered Option of Nitrous Oxide for Pain http://www.timesdispatch.com/entertainment-life/health/birthing-women-offered-option-of-nitrous-oxide-for-pain/article_9b0bd54a-5c4d-5651-b24a-92867cdde93a.html
- 2014 Good Morning America, interview on nitrous oxide as labor analgesia <http://abcnews.go.com/GMA/video/maternity-wards-offering-laughing-gas-alternative-epidural-21459550>
- 2014 Bring Me the Gas! Slate magazine, http://www.slate.com/articles/double_x/doublex/2014/01/laughing_gas_for_labor_could_nitrous_oxide_be_the_next_big_thing_in_american.html
- 2013 Girlfriend Power USA Today
- 2013 Natural Ways to Induce Labor Foxnews.com <http://www.foxnews.com/health/2013/04/28/natural-ways-to-induce-labor/>
- 2012 - 2019 Weekly blogger for Nashville Public Television's episodes of "Call the Midwife"
- 2012 Physicians and Midwives Working Together, Fit Pregnancy, publication August/Sept 2012
- 2012 Sex from the New Father's Perspective, parenting.com, 2/2012
- 2011 Advice varies on what to do when an expectant mother's water breaks before labor, Washington Post, October 31 <http://www.washingtonpost.com/national/health-science/advice-varies-on-what-to-do-when-an->

- [expectant-mothers-water-breaks-before-labor/2011/09/26/gIQAWV1pZM_story.html](#)
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